

BPA Benefit Plan Administrators

402 Graham Avenue • PO Box 1128 • Eau Claire, WI 54702-1128 PHONE: (800)236-7789 • (715)832-5535 • FAX: (715)838-8507

OTHER COVERAGE QUESTIONNAIRE

Group Name: _____

Group Number: _____

Employee Name: _____
Last First M

Employee Unique ID: _____

Spouse's Name: _____
Last First M

Dependent Name(s): _____

Do any of the family members listed above have Medicare or are eligible for Medicare?

- NO
- YES (If yes, please complete the following.)

List the names of each covered individual _____

Effective Date of Coverage: Part A _____ Part B _____

Do any of the family members listed above have other group insurance currently in force?

- NO
- YES (If yes, please complete the following.)

List the names of each covered individual _____

Name of other insurance company _____

Group ID number _____ Effective Date of Coverage _____

Check all of the benefits provided under the other group plan:

- Medical Drug Card Dental Vision

I certify that the above statements are true and complete to the best of my knowledge.

Signature of Employee

Date