



## Request for Duplicate Coverage Information

If you have other health insurance or if you have dependents enrolled under your health plan administered by Significa Benefit Services, the following information is required on an annual basis. Failure to respond to this inquiry may result in a delay/denial of your claims. Please complete this form, sign, and date. Return the completed form to:

Significa Benefit Services, LLC. P.O. Box 7777, Lancaster, PA 17604-7777

Fax: 717-581-8379 / Email: customerservice@significabenefits.com

Print Employee Name: \_\_\_\_\_ Member ID: \_\_\_\_\_

Employer: \_\_\_\_\_ Group No.: \_\_\_\_\_

**Do you or your enrolled dependents have other health insurance coverage?** Please fully complete each field for you and all dependents who are covered under the plan administered by Significa Benefit Services. Include other employer benefit plans, Medicaid, Medicare, Tricare, etc. For new enrollees, answer this question for when health coverage with Significa Benefit Services goes into effect. **Add additional pages or supporting documentation if necessary.**

Member & Dependent Names	Medical Y/N	Dental Y/N	Insurance Company Name or Medicaid, Medicare (A, B, D), Tricare, etc.	Effective Date	Termination Date

If your dependent child(ren)/stepchild(ren) are covered under another plan under your spouse or another parent, please complete this section:

Name of Policyholder and Relationship: \_\_\_\_\_ Policyholder Birth Date: \_\_\_\_\_

It is your responsibility to contact Significa Benefit Services if this information changes or new coverage is acquired. If additional information is required or this form is not completed in full, Significa Benefit Services will request additional information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Notices

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties.