



**Blue Cross
Blue Shield**
of Michigan

MEDICARE INFORMATION

(TO BE COMPLETED BY THE EMPLOYER AND SUBSCRIBER)

PLEASE TYPE OR PRINT

CONTRACT NUMBER		SUBSCRIBER'S LAST NAME	FIRST NAME	INITIAL
GROUP NUMBER	SUFFIX	<input type="checkbox"/> NEW ENROLLMENT <input type="checkbox"/> CHANGE TO AN EXISTING CONTRACT		

THE FEDERAL GOVERNMENT HAS ENACTED LEGISLATION WHICH GOVERNS HOW MEDICARE AND EMPLOYER SPONSORED GROUP HEALTH PLANS WORK TOGETHER. PLEASE SEE THE REVERSE SIDE OF THIS FORM FOR THE CRITERIA FOR PERSONS COVERED BY THE MEDICARE SECONDARY PAYER (MSP) LAW.

IF ONE OF YOUR EMPLOYEES/RETIREES OR THEIR DEPENDENTS IS ENTITLED TO MEDICARE COVERAGE, PLEASE PROVIDE THEIR MEDICARE INFORMATION BELOW EXACTLY AS IT APPEARS ON THEIR MEDICARE CARD(S):

MEMBER # 1

NAME OF BENEFICIARY _____

CLAIM NUMBER _____ SEX _____

IS ENTITLED TO HOSPITAL INSURANCE _____ EFFECTIVE DATE _____

MEDICAL INSURANCE _____

WHY IS YOUR EMPLOYEE/RETIREE OR THEIR DEPENDENT ENTITLED TO MEDICARE?

- OVER AGE 65
- UNDER AGE 65 DISABLED
- END STAGE RENAL DISEASE

BASED ON YOUR PAYROLL SIZE AND THE FEDERAL REGULATIONS, WHAT TYPE OF COVERAGE DO YOU WISH TO PROVIDE?

- BCBSM REGULAR COVERAGE
- BCBSM MEDICARE SUPPLEMENTAL COVERAGE

EFFECTIVE DATE REQUESTED FOR THIS ENROLLMENT OR CHANGE IN COVERAGE:

MONTH _____ DAY _____ YEAR _____

IS YOUR EMPLOYEE:

- ACTIVELY WORKING?
- RETIRED?
- LONG TERM DISABILITY OR NOT ACTIVELY WORKING ?

SUBSCRIBER'S SIGNATURE _____ DATE SIGNED _____

EMPLOYER'S SIGNATURE _____ DATE SIGNED _____

MEMBER # 2

NAME OF BENEFICIARY _____

CLAIM NUMBER _____ SEX _____

IS ENTITLED TO HOSPITAL INSURANCE _____ EFFECTIVE DATE _____

MEDICAL INSURANCE _____

WHY IS YOUR EMPLOYEE/RETIREE OR THEIR DEPENDENT ENTITLED TO MEDICARE?

- OVER AGE 65
- UNDER AGE 65 DISABLED
- END STAGE RENAL DISEASE

BASED ON YOUR PAYROLL SIZE AND THE FEDERAL REGULATIONS, WHAT TYPE OF COVERAGE DO YOU WISH TO PROVIDE?

- BCBSM REGULAR COVERAGE
- BCBSM MEDICARE SUPPLEMENTAL COVERAGE

EFFECTIVE DATE REQUESTED FOR THIS ENROLLMENT OR CHANGE IN COVERAGE:

MONTH _____ DAY _____ YEAR _____

IS YOUR EMPLOYEE:

- ACTIVELY WORKING?
- RETIRED?
- LONG TERM DISABILITY OR NOT ACTIVELY WORKING ?

COORDINATION GUIDELINES FOR MEDICARE SECONDARY PAYER (MSP)



Effective Date of Legislation	Size of Employer Group That Must Comply	Enrolled Persons For Whom The Group Health Plan Is Primary	Period in Which The Employer Group Health Plan Is Primary	Additional Information and Some Notable Exceptions
10/1/81 & 8/10/93 ESRD	All employer groups regardless of the number of employees.	<ul style="list-style-type: none"> Individuals, any age, with permanent kidney failure (end stage renal disease) The individual may be the employee, spouse, dependent, retiree, surviving spouse or COBRA qualified beneficiary. 	The employer group health coverage is primary for 18 months from the Medicare effective date. During this 18 month period, Medicare is secondary. This secondary payer provision applies to all Medicare-covered items and services, including treatment and items unrelated to ESRD.	<p>Medicare will remain the secondary payer throughout the entire 18-month ESRD coordination period, even if the beneficiary becomes entitled to Medicare based on disability or age before the coordination period ends.</p> <p>The MSP law does not apply in any of the following circumstances:</p> <ul style="list-style-type: none"> Anyone covered by other-than-group coverage.
5/1/86 WORKING AGED	Employer groups with 20 or more employees on their payroll. This includes full and part-time employees regardless of their eligibility for group coverage.	<ul style="list-style-type: none"> Employed individuals, age 65 and over Spouses, age 65 and over, of eligible employed individuals (the employee can be any age). 	Always	<p>An employed individual or spouse has the right to reject the employer's plan (in total) in favor of Medicare. The MSP law does not apply in any of the following circumstances:</p> <ul style="list-style-type: none"> Retirees or individuals covered through retirees' contracts. Surviving spouses or individuals covered through surviving spouses. Anyone covered by other-than-group coverage. COBRA continuation coverage.
1/1/87 & 8/10/93 DISABLED	Employer groups with 100 or more employees on their payroll. This includes full and part-time employees regardless of their eligibility for group coverage.	<ul style="list-style-type: none"> Disabled employees, under age 65, with current employment status. Non-working, disabled family member, under age 65, enrolled based on currently employed person's coverage. 	Always	<p>The MSP law does not apply in any of the following circumstances:</p> <ul style="list-style-type: none"> Disabled employees not currently employed. Retirees or individuals covered through retirees' contracts. Surviving spouses or individuals covered through surviving spouses. Anyone covered by other-than-group coverage COBRA continuation coverage.