



INSTRUCTIONS FOR THE COORDINATION OF BENEFITS (COB) FORM

Coordination of Benefits (COB) is the procedure used to pay healthcare expenses when you or an eligible dependent are covered by more than one health plan. If you/your dependents are covered by more than one health plan, VMC follows rules outlined in your Fletcher Allen Preferred Summary Plan Document to decide which health plan pays first (primary plan) and the obligations of the other healthcare plan (secondary plan or plans). The combined payments of all healthcare plans will not exceed the actual amount of your bills.

Members who do not have other medical insurance coverage (for the calendar year starting January 1, 2009) must answer no to the first question on the COB form and sign the form. Also please remember to print your name and your employee identification number (your "FA" identification number for the medical plan) at the top of the form.

Members who have other medical insurance coverage (for the calendar year starting January 1, 2009) must complete the COB form and return it to VMC. If you (or your participating dependents) are enrolled in additional medical insurance policies, please make a copy of the blank COB form and complete a new form for each policy.

Remember to include the following information, if applicable, with your completed COB form:

- Attach a copy of your other Insurance ID card(s)
- Attach a copy of your court order assigning responsibility for medical coverage, if applicable

Please return the completed form(s) to VMC via Fax or US mail within 15 days. A postage paid return envelope is included for your convenience.

VMC Fax Number: (802) 847-6213

VMC Mailing Address:

Vermont Managed Care
P. O. Box 1150
Burlington, VT 05402-1150
Attn: Customer Service

If you have any questions regarding the COB form, please feel free to call Vermont Managed Care Customer Service at (802) 847-4862 or (866) 582-6836.

Note: If you fail to return this form, claim payments may be delayed and/or denied.

