



Frequently Asked Questions

Why do I need to complete this form?

Many members have other health care coverage in addition to their Blue Cross Blue Shield of Michigan coverage. In order to accurately process your claims, we must have information for all other coverage you or your dependents may have. For example, many members have coverage through a working spouse or a second employer, or special situations may exist for dependent children who have different health care coverage because of their parents' divorce or separation.

Why do you need this information?

Up-to-date information helps us process your claims faster, and it can reduce your out-of-pocket costs. When you have more than one health care benefit plan, we coordinate with your other health care carrier to ensure that claims are paid accurately.

Am I required to supply this information?

Yes. We need to know only about other coverage that is in effect while you are covered by BCBSM. We may withhold payment on claims, pending confirmation of your other coverage information. If you don't have other coverage, please indicate that on the form and return it to us.

I am covered by two BCBSM benefit plans. Do I need to complete this form?

Yes. If you are covered by a second BCBSM benefit plan, you must provide this information.

I am no longer covered by BCBSM. Do I still have to respond?

Yes, if your BCBSM coverage was in effect at any time during the past 18 months. We need to know about other coverage that was in effect while you were covered by BCBSM. We don't need to know about any coverage that started after your BCBSM coverage ended.

I am single, and I have no children. Why are you asking about my spouse and children?

This questionnaire is used for all BCBSM members, regardless of whether they are single or married, or whether they have children. You need to answer only the relevant questions.

I have other insurance but I choose not to use it. Do you still need the information?

Yes. We need to know about all other coverage that you or any of your covered dependents may have.

I have other questions.

If you have any questions and would like to speak to a Customer Service representative, please call us at the telephone number on the back of your BCBSM ID card.

Where do I mail the COB form or additional documents?

Local COB Membership — Mail Code 610J
Blue Cross Blue Shield of Michigan
600 E. Lafayette Blvd.
Detroit, MI 48226-9942

Where can I fax the COB form or additional documents?

Fax the form to 866-581-3946.