



A CENTRAL STATES HEALTH PLAN

IRAC

ADULT CHILD OTHER INSURANCE INFORMATION

In order to ensure that claims are properly paid it is important for TeamCare to know if other insurance coverage exists to determine proper primary and secondary responsibility on Adult Children.

- If you have an Adult Child that you wish to add or whose insurance has changed, please complete this form and return it to the address listed below.
- Proof of relationship, such as a birth certificate, is required to add an Adult Child, unless the child was previously covered by TeamCare.
- You must notify TeamCare of any changes in the Adult Child's insurance status. Overpayments will be applied to your account if insurance status changes and TeamCare is not notified.

PARTICIPANT MUST COMPLETE:

PARTICIPANT'S ID NUMBER (required 9-digit # from medical ID card): **8 0 6**

PARTICIPANT'S NAME:

I certify the accuracy of the following information and choose to elect coverage on the indicated adult child. I understand that I must inform TeamCare of any changes in their insurance status. I understand that no coverage will be available to this adult child unless an enrollment form is completed and accepted by TeamCare.

Participant Signature:

Date:

Phone:

ADULT CHILD:

Name:

Social Security Number:

Relationship: Son Daughter Stepson Stepdaughter

Birthdate (mm/dd/yyyy):

Does the Adult Child have other insurance coverage from any of the following:

- Adult Child's employment and/or YES NO
- Adult Child's spouse's employment (if applicable) and/or YES NO
- Adult Child's other parent (if not your spouse) and/or YES NO
- Your (Participant) spouse's employment YES NO

▶▶▶ If you indicated YES in any box above, please fill in the corresponding information below. ◀◀◀
Attach additional sheets if more than one box is checked YES.

Policyholder Name:

Employer Name:

Check coverages that apply: Medical Dental Medicare Medicaid

Insurance Carrier Name:

Group Policy Number:

Effective Date of Coverage:

Insurance Carrier
Telephone Number:

Please complete a separate form for each additional adult child.

Please mail to:

TeamCare
A Central States Health Plan
PO Box 5112
Des Plaines IL 60017-5112

Fax: 847-518-9784
Phone: 800-TEAMCARE
Web: MyTeamCare.org