

# Medicare Secondary Payer (MSP) Information

Important Information to assist your employer in complying with certain federal laws applicable to your coverage.

Have you or a member of your family been covered under your employer's Blue Cross health care plan and also covered by Medicare within the last three years?

**Yes - Fill out sections A, B and C below.**  **No - Fill out sections A and C only.**

**A.** Group Name: \_\_\_\_\_ Group Number: \_\_\_\_\_ Section Number: \_\_\_\_\_  
 Enrollee Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

▶▶ **IMPORTANT** (Check One): Enrollee Status:  Actively at Work  Retired as of \_\_\_\_\_(date)  Cobra ◀◀

**B.** Enter information here for those with current or prior Medicare coverage. Be sure to include all applicable dates. Use the form MM/YY. See Back for further instructions on columns 1-5.

Relationship	Last Name	First Name	Date of Birth	Social Security Number	①	②		③		④	⑤	
					From Your Medicare ID Card - See Back	Disability		ESRD Dialysis		Medicare A	Medicare B	
					Medicare Claim Number (HIC)	Start Date	End Date (if applicable)	Start Date	End Date (if applicable)	Start Date	Start Date	End Date (if applicable)
Enrollee												
Spouse												
<input type="checkbox"/> Son <input type="checkbox"/> Daughter												
<input type="checkbox"/> Son <input type="checkbox"/> Daughter												
<input type="checkbox"/> Son <input type="checkbox"/> Daughter												
<input type="checkbox"/> Son <input type="checkbox"/> Daughter												

**C.** I certify that the information provided above is true. If there is a change to this status, I understand that it is my responsibility to advise my employer promptly of the change.

Print Name: \_\_\_\_\_

Signature of Enrollee: \_\_\_\_\_ Date Signed: \_\_\_\_\_

If you have any questions call your Employee Benefits Administrator or your Blue Cross and Blue Shield of Illinois Full Service Unit.

- 1 Medicare Claim Number, also known as the HIC Number - the Health Insurance Claim account number; the number uniquely identifying the Medicare beneficiary. This number can be found on the Medicare card.

**MEDICARE HEALTH INSURANCE**  
SOCIAL SECURITY ACT

NAME OF BENEFICIARY  
**JOHN D. DOE**

MEDICARE CLAIM NUMBER  
**123-45-6789A**

SEX  
**MALE**

EFFECTIVE DATE  
**1/1/95**

HOSPITAL INSURANCE (PART A)  
MEDICAL INSURANCE (PART B)

SIGN HERE *John D. Doe*

HIC Number →

→ Medicare A and or Medicare B Start Date

- 2 Disability Start Date - the first day the beneficiary was eligible for Medicare due to being disabled.  
End Date - the day the beneficiary is no longer disabled.
- 3 ESRD Dialysis Start Date - the day when the End Stage Renal Disease regular course of dialysis began, or date of kidney transplant due to renal failure.  
End Date - the day when the End Stage Renal Disease regular course of dialysis ends.
- 4 Start Date - the day when the Medicare beneficiary became eligible for Medicare Part A.
- 5 Start Date - the day when the Medicare beneficiary became eligible for Medicare Part B.  
End Date - the day Medicare B entitlement stops.