



# Additional Insurances Form

Please fill out the information below if you receive additional health insurance benefits from other health insurance companies.

Dear Member,

We are required to request information from members regarding other health insurance coverage. This is to comply with Wisconsin State Law governing coordination of insurance benefits. Other health insurance includes Medicare or health insurance coverage through another carrier held by you or any of your dependents. It is important to return this completed form as soon as possible to ensure prompt payment of your claims.

**I certify that the insurance information provided below is accurate to the best of my knowledge.**

Print Name: \_\_\_\_\_ Member ID#: \_\_\_\_\_ Date: \_\_\_\_\_  
 Your Phone Number: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Check this box if you do not carry any other health insurance and please sign and date the form

Please list all other health insurance coverage held by you or one of your dependents in the boxes below. Refer to the back of this letter for additional spaces.

Insurance Company Information	Dependent Information
Other Insurance Company: _____ Insurance Company Phone: _____ Address: _____ City: _____ State: ____ Zip: _____ Policy Number: _____ Group Number: _____ Circle One: Family Single Circle One: Medical Dental HIRSP Vision Prescription Coverage: Yes No Effective Date: _____ End date: _____ Name of Policy Holder: _____ Date of Birth: _____	Name: _____ Social Security #: _____ Birth Date: _____ Street Address: _____ City: _____ State: ____ Zip: _____
	Name: _____ Social Security #: _____ Birth Date: _____ Street Address: _____ City: _____ State: ____ Zip: _____
	Name: _____ Social Security #: _____ Birth Date: _____ Street Address: _____ City: _____ State: ____ Zip: _____

Medicare Information	Medicare Information
Name: _____ DOB: _____ Medicare Card Number: _____ Part A Effective Date: _____ Part B Effective Date: _____ Part D Effective Date: _____	Name: _____ DOB: _____ Medicare Card Number: _____ Part A Effective Date: _____ Part B Effective Date: _____ Part D Effective Date: _____

Insurance Company Information	Dependent Information
Other Insurance Company: _____ Insurance Company Phone: _____ Address: _____ City: _____ State: ___ Zip: _____	Name: _____ Social Security #: _____ Birth Date: _____ Street Address: _____ City: _____ State: ___ Zip: _____
Policy Number: _____ Group Number: _____ Circle One: Family Single Circle One: Medical Dental HIRSP Vision Prescription Coverage: Yes No Effective Date: _____ End date: _____ Name of Policy Holder: _____ Date of Birth: _____	Name: _____ Social Security #: _____ Birth Date: _____ Street Address: _____ City: _____ State: ___ Zip: _____
	Name: _____ Social Security #: _____ Birth Date: _____ Street Address: _____ City: _____ State: ___ Zip: _____

Insurance Company Information	Dependent Information
Other Insurance Company: _____ Insurance Company Phone: _____ Address: _____ City: _____ State: ___ Zip: _____	Name: _____ Social Security #: _____ Birth Date: _____ Street Address: _____ City: _____ State: ___ Zip: _____
Policy Number: _____ Group Number: _____ Circle One: Family Single Circle One: Medical Dental HIRSP Vision Prescription Coverage: Yes No Effective Date: _____ End date: _____ Name of Policy Holder: _____ Date of Birth: _____	Name: _____ Social Security #: _____ Birth Date: _____ Street Address: _____ City: _____ State: ___ Zip: _____
	Name: _____ Social Security #: _____ Birth Date: _____ Street Address: _____ City: _____ State: ___ Zip: _____

A self-addressed envelope is enclosed for your convenience. If you have questions or need assistance with this form please contact our Member Services department at (715) 552-4300 or (888) 203-7770.



## Notice of Availability of Language Assistance Services and Auxiliary Aids and Services (§ 92.11)

<p><b>English:</b> ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-888-203-7770 (TTY: 711) or speak to your provider.</p>	<p><b>Vietnamese:</b> Việt – LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-888-203-7770 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.</p>
<p><b>Spanish:</b> Español – ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. llame al 1-888-203-7770 (TTY: 711) o hable con su proveedor.</p>	<p><b>Arabic:</b> اللغة الإنجليزية: تنبيه: إذا كنت تتحدث الإنجليزية ، فإن خدمات المساعدة اللغوية المجانية متاحة لك. كما تتوفر مجاناً مساعدات وخدمات مساعدة مناسبة لتوفير المعلومات بأشكال يسهل الوصول إليها. اتصل بالرقم 1-888-203-7770 (الهاتف النصي: 711) أو تحدث إلى مزودك.</p>
<p><b>Hmong:</b> Lus Hmoob – LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 1-888-203-7770 (TTY: 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.</p>	<p><b>French:</b> Français – ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement Appelez le 1-888-203-7770 (TTY: 711) ou parlez à votre fournisseur.</p>
<p><b>Somali:</b> Soomaali – FIIRO GAAR AH: Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaa sidoo kale bilaa lacag heli karaa. Wac 1-888-203-7770 (TTY: 711) ama la hadal bixiyahaag.</p>	<p><b>Tagalog:</b> Tagalog – PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libheng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-888-203-7770 (TTY: 711) o makipag-usap sa iyong provider.</p>
<p><b>Laotian:</b> ລາວ – ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-888-203-7770 (TTY: 711) ຫຼືເວົ້າກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.</p>	<p><b>German:</b> Deutsch – ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-888-203-7770 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.</p>
<p><b>Burmese:</b> မြန်မာ - သတိပြုရန်- သင်က မြန်မာဘာသာစကား ပြောဆိုပါက၊ အခမဲ့ ဘာသာစကားအကူအညီ ဝန်ဆောင်မှုများကို ရရှိနိုင်ပါသည်။ အသုံးပြုနိုင်သော ဖော်မတ်များဖြင့် အချက်အလက်များ ဖော်ပြပေးရန် သင့်လျော်သော အရန်အကူအညီများနှင့် ဝန်ဆောင်မှုများကိုလည်း အခမဲ့ ရရှိနိုင်ပါသည်။ 1-888-203-7770 (TTY: 711) သို့ဖုန်းခေါ်ပါ သို့မဟုတ် သင်၏ ဆောင်ရွက်ပေးသူနှင့် စကားပြောပါ။”</p>	<p><b>Pennsylvanian Dutch:</b> Pennsylvanisches Niederländisch: ACHTUNG: Wenn Sie Englisch sprechen, stehen Ihnen kostenlose Sprachunterstützungsdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-888-203-7770 (TTY: 711) an oder sprechen Sie mit Ihrem Anbieter.</p>
<p><b>Russian:</b> РУССКИЙ – ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-888-203-7770 (TTY: 711) или обратитесь к своему поставщику услуг.</p>	<p><b>Hindi:</b> हिंदी: ध्यान दें: यदि आप अंग्रेज़ी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक उपकरण और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1 888 203 7770 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।</p>
<p><b>Chinese Mandarin:</b> 中文 – 注意：如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電1-888-203-7770 (TTY: 711) 或與您的提供者討論。】</p>	<p><b>Polish:</b> POLSKI: UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-888-203-7770 (TTY: 711) lub porozmawiaj ze swoim dostawcą”.</p>
<p><b>Korean:</b> 한국어– 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-888-203-7770 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.</p>	<p><b>Albanian:</b> SHQIP – VINI RE: Nëse flisni [shqip], shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndhima të përshtatshme dhe shërbime shitesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 1-888-203-7770 (TTY: 711) ose bisedoni me ofruesin tuaj të shërbimit.</p>