



GEHA Connection Dental Federal
 P. O. Box 2336
 Independence, MO 64051-2336
 Fax: (816) 257-3302

Other Coverage Information

If you or any other family member have other coverage that pays for your dental expenses in addition to GEHA, please return this completed form to GEHA Connection Dental Federal by mail or fax to the address/number above.

EMPLOYEE OR ANNUITANT IDENTIFICATION DATA

To help us identify your account, please provide the following information. Your ID# can be found on your dental ID card.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>(First Name)</i>	<i>(Initial)</i>	<i>(Last Name)</i>	<i>(GEHA Connection Dental Federal ID#)</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>(Street Address)</i>	<i>(City)</i>	<i>(State)</i>	<i>(ZIP Code)</i>

OTHER GROUP COVERAGE INFORMATION

Are you, or any other covered family member, actively employed any place other than the federal government? Yes No
 If yes, please give family member's name and employer's name.

<input type="text"/>	<input type="text"/>
<i>(Name of Family Member)</i>	<i>(Name and Address of Employer)</i>

Are you or any other family members covered under any other group health insurance plan? Yes No
 If yes, please complete the following.

Policyholder of other plan Relationship to GEHA Member

Is this other coverage Single Coverage Family Coverage
 Is this person Employed Retired; If yes, Retirement Date

Please provide information about the other carrier.

<input type="text"/>	<input type="text"/>
<i>(Name of Other Plan Carrier)</i>	<i>(Phone Number of Other Plan)</i>

What is the policy number, contract number or group certificate number of other policy?

Please list family members eligible for other group coverages below.

<input type="text"/>

Effective Date If terminated, what was the last date of coverage?

(Month/Day/Year) *(Month/Day/Year)*

If you are enrolled in the Federal Employees Health Benefit (FEHB) Program, what is the name of your FEHB plan? This information can be found on the front of your FEHB plan brochure.

<input type="text"/>	<input type="text"/>
Name of FEHB plan	FEHB Code

SIGNATURE

I certify that the information furnished by me is true and correct to the best of my knowledge and belief.

Member Signature Date