Denver Metro
P.O. Box 3559
Englewood, CO 80155-3559
6251 Greenwood Plaza Blvd.,
Suite 300
Greenwood Village, CO 80111
Telephone (303) 770-5710
Fax (303) 749-1184

CNIC Health Solutions®
A Rocky Mountain Health Plans TPA

www.cnichs.com

Group Number: __22204046__-ARUP Laboratories_____
Employee: _____
Last 4 of your ssn#: _____

CNIC needs information on possible other insurance coverage for your family. This information is only requested annually, on the initial claim, or due to a change in status.

In order to properly administer your benefits, we need to know if anyone in the family has any other insurance coverage. Other coverage would include group coverage through an employer other than the one referenced above, Medicare, Medicaid, any other type of coverage, and coverage mandated by a decree or through a non-custodial parent.

Does anyone in the family have other medical? Yes No

If YES, please complete the following:

MEDICAL COVERAGE

Name of the carrier _____
Phone number of the carrier _____
Policyholder's ID number _____
Policyholder's date of birth _____
Effective date of coverage _____
Is this single or family coverage? _____
If single coverage, what family member is covered on the plan? _____
If family coverage, what family member(s) are covered on the plan? _____
_____
_____
Is this a group policy _____ or an individual/supplemental policy? _____

Please sign and date where indicated below and provide us with your phone number so that we may contact you in the event we have more questions.

Signature of Enrollee _____
Date signed _____
Phone number _____

You can fax this completed form to 303-770-5673 or scan and email to Jane Madrid at jmadrid@cnichs.com.

Thank you for your cooperation,
CNIC Health Solutions