Additional Information Form Instructions:

To correctly administer the Coordination of Benefits provision of your plan, an updated Additional Information Form is required every 12 months.

**Question One**
Check the box “Yes” if your spouse has any other medical, dental, or vision coverage. If you had previous insurance please provide the termination date.

**Question Two**
Check the box “Yes” if any dependent(s) enrolled under your plan is/are enrolled under any other medical, dental or vision coverage. If you had previous insurance please provide the termination date.

**Question Three and Four**
This information will assist Employee Plans, LLC, to determine which plan will be the primary plan and which will be the secondary plan when more than one medical, dental and or vision plan are involved.

An active employment status versus an inactive employment status is a determining factor in this process. Consequently, proper determination cannot be made without this information, including retirement status and date of retirement if applicable.

**Question Five and Six**
Answer these when your employer has a provision that will not allow for your spouse/partner to have coverage under your health plan, unless the spouse/partner has enrolled in their employers plan.

**Question Seven**
If you answered “Yes” to Question One, please complete all boxes in this section. The box labeled Company Name refers to the Other Insurance Company where your spouse carries medical, dental and or vision coverage.

**Question Eight**
Please list the dependent children that are enrolled under your Health plan that also have other insurance.

This information allows Employee Plans, LLC, to determine which plan is the primary plan when your dependents are covered by more than one medical, dental and or vision coverage.

For example:
- If the dependent is covered by both natural parents and no separation/divorce has occurred, then the birthday rule prevails.
- If there is a separation or divorce, primary/secondary coverage may be based on custody.

**Definitions:**
- **Natural Parent** is the natural parent not enrolled under your plan. (List only if applicable.)
- **Custodial Parent** is the parent who has custody of the dependent, per the court document.
- **Step Parent** is the parent (if any) not enrolled on your plan, and has enrolled the dependent under their health insurance.
- **Other Insurance Company** is the coverage other than Employee Plans

**Question Nine**
If any enrolled dependents are children of divorced or legally separated parents, please attach the most recent court documentation language that pertains to the dependent’s health, dental, and or vision care coverage and or their custody placement.

This form must be signed and dated.

**EMPLOYEE PLANS, LLC**
PO Box 2362, Fort Wayne, IN 46801

Customer_Service@oldnationalins.com
www.oldnationalins.com

7/23/2012