



Other Coverage Information Form

Group#:
Enrollee Name:
Member ID #:

- Actively Working
Retired: Date of Retirement
Disabled-Working
Disabled-Not Working

Have you, your spouse, or any dependents covered under this AultCare plan had any other Medical, Dental, Vision, RX, or Medicare coverage in the past 24 months?

- No: The rest of the form does not need to be completed, please sign & date second page & return to AultCare.
Yes: Please complete entire form, sign, date, and return to AultCare.

PART 1 ENROLLEE INFORMATION

Do you have health insurance in which you are the enrollee/policyholder other than this AultCare plan?

- No -> Previous carrier termination date
Yes -> complete below.

Is OTHER coverage: Active plan Retiree plan COBRA Individual Plan Medicare

Insurance Name: Group# Effective Date:

Current Employer Name:

Who is covered under OTHER plan?

Check coverage(s): MEDICAL DENTAL VISION PRESCRIPTION SUPPLEMENTAL

PART 2 SPOUSE INFORMATION-COMplete IF MARRIED

Spouse's name Date of Birth Date of Marriage

Is spouse employed? No Yes -> Employer

Does spouse have other coverage?

- No -> Part time Benefits not offered Unemployed Self employed Cost
Waiting period Eligible for coverage
Prior coverage terminated:date

Yes -> Is OTHER coverage: Active plan Retiree plan COBRA Individual Plan Medicare

Policyholder's Name ID# Group #

Insurance Name Effective Date:

Who is covered under spouse's plan?

Check coverage(s): MEDICAL DENTAL VISION PRESCRIPTION SUPPLEMENTAL

PART 3 CHILDREN INFORMATION-if additional space is needed, complete on the back of form.

Table with 2 columns: Children's first and last names, Relationship. Rows a, b, c.

	<input type="checkbox"/> Natural child of spouse ➔ Part 4	<input type="checkbox"/> Other _____ ➔ Part
	4	
d.	<input type="checkbox"/> Natural child of enrollee & spouse	<input type="checkbox"/> Natural child of enrollee ➔ Part
	4	
	<input type="checkbox"/> Natural child of spouse ➔ Part 4	<input type="checkbox"/> Other _____ ➔ Part
	4	

**** For any children age 18 or older who have insurance coverage other than through a natural/step parent, please complete part 4A. ****

Group#: _____
 Enrollee Name: _____
 Member ID #: _____

PART 4 DIVORCED, LEGALLY SEPARATED, SINGLE PARENT OR OTHER

Please complete all information in this section for each child covered under your plan who have a different biological parent other than the enrollee & spouse listed on the first page. If not previously provided, court documentation and/or divorce decrees must be submitted to AultCare in order to accurately update your records

Child's name _____
 Is their address the same as the enrollee? Yes No ➔ provide address _____
 If 17 or older, please provide date of graduation from high school _____
 Name of other biological/adoptive parent _____ Parent's Date of Birth ___/___/___
 Other Parent's address _____
 Does child(ren) have insurance coverage other than this AultCare plan? Yes No
 Same as spouse's coverage? Yes No ➔ complete below
 Policyholder's Name _____ Relationship to child _____
 Insurance Name _____ Effective Date: ___/___/___ Term date: ___/___/___
 Check coverage(s): MEDICAL DENTAL VISION PRESCRIPTION SUPPLEMENTAL

PART 4A CHILDREN WITH INSURANCE COVERAGE OTHER THAN A PARENT'S PLAN

Child's name _____
 Is insurance coverage available through adult child's employer? Yes No
 Policyholder's Name _____ Relationship to child _____
 Insurance Name _____ Effective Date: ___/___/___ Term date: ___/___/___
 Check coverage(s): MEDICAL DENTAL VISION PRESCRIPTION SUPPLEMENTAL

PART 5 MEDICARE INFORMATION-PLEASE COMPLETE FOR ALL MEDICARE RECIPIENTS

Name _____	Name _____
Part A Effective Date ___/___/___	Part A Effective Date ___/___/___
Part B Effective Date ___/___/___	Part B Effective Date ___/___/___
Part D Effective Date ___/___/___	Part D Effective Date ___/___/___
Reason for Medicare coverage:	Reason for Medicare coverage:
<input type="checkbox"/> Age 65 or older <input type="checkbox"/> Disabled	<input type="checkbox"/> Age 65 or older <input type="checkbox"/> Disabled
<input type="checkbox"/> End Stage Renal Disease (ESRD)	<input type="checkbox"/> End Stage Renal Disease (ESRD)
Date dialysis treatment began ___/___/___	Date dialysis treatment began ___/___/___
Dialysis started in a: <input type="checkbox"/> Facility <input type="checkbox"/> Self/Home dialysis	Dialysis started in a: <input type="checkbox"/> Facility <input type="checkbox"/> Self/Home dialysis
Date of kidney transplant ___/___/___	Date of kidney transplant ___/___/___

Insurance Fraud Warning: "Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files any claim containing false or deceptive statements is guilty of insurance fraud."

Enrollee's signature _____ Date _____

Enrollee's phone number _____

Email _____

AULTCARE
ATTN: COB
PO BOX 6910
CANTON OH 44706
FAX 330-363-7746

Note: If any changes occur during the year, please notify the Service Center at 330-363-6360 or 1-800-344-8858.

AultCare/Aultra Notice Tag Lines for the State of Ohio

English

This Notice has Important Information. This notice has important information about your application or coverage through **AultCare /Aultra**. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. **Call Local: 330.363.6360 Outside Stark County: 1.800.344.8858 TTY Local: 330.363.2393 Outside Stark County: 1.866.633.4752**

Spanish

Español
Este Aviso contiene información importante. Este aviso contiene información importante acerca de su solicitud o cobertura a través **AultCare/Aultra**. Preste atención a las fechas clave que contiene este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al **Local : 330.363.6360 Fuera del condado de Stark : 1.800.344.8858 TTY Local : 330.363.2393 Fuera del condado de Stark : 1.866.633.4752**

Chinese

中文
本通知有重要的訊息。本通知有關於您透過**AultCare/Aultra**保險公司提交的申請或保險的重要訊息。請留意本通知內的重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 **本地：330.363.6360 斯塔克縣外：1.800.344.8858 TTY線本地：330.363.2393 斯塔克縣外：1.866.633.4752。**

German

Deutsche
Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch **AultCare/Aultra**. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter **Local: 330.363.6360 Außerhalb von Stark County : 1.800.344.8858 TTY –Linie Local: 330.363.2393 Außerhalb von Stark County : 1.866.633.4752.**

Arabic

لغة عربية
يحتوي هذا عارمعلومات هامة يحيوي هذا عارمعلومات مهمة تخص وصطلها لالحصول على التغطية من شركة ألتاين AultCare/Aultra بلحث عن التواريخ الهامة في هذا شعارقوتضااج اجاره فيتواي خنجلال حفاظعل يت غيبت كل الص حية او لليس اعدة في فاع التظلي فب لكالحق فليل حصول علال علال ووات وال م س اعط غتاك من لوهنت كل ف تتناصل لب 0636.363.033 خارج مقاطعة ستارك 1.8588.443.008 خط TTY المحلي: 3932.363.033 خارج مقاطعة ستارك 2574.336.668.1:

Pennsylvania Dutch

Deitsch
Die Bekanntmachung gebt wichdichi Auskunft. Die Bekanntmachung gebt wichdichi Auskunft baut dei Application oder Coverage mit **AultCare/Aultra**. Geb Acht fer wichdiche Daadem in die Bekanntmachung. Es iss meeglich, ass du ebbes duh muscht, an beschtimme deadlines, so ass du dei Health Coverage bhalde kannscht, oder bezaahle helfe kannscht. Du hoscht es Recht fer die Information un Hilf in deinre egne Schprooch griege, un die Hilf koschtet nix **Local: 330.363.6360 Außerhalb von Stark County : 1.800.344.8858 TTY –Linie Local: 330.363.2393 Außerhalb von Stark County : 1.866.633.4752.**

Russian

русский
Настоящее уведомление содержит важную информацию. Это уведомление содержит важную информацию о вашем заявлении или страховом покрытии через **Страховая компания AultCare/Aultra**. Посмотрите на ключевые даты в настоящем уведомлении. Вам, возможно, потребуются принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону **Местный: 330.363.6360 Вне Старка County : 1.800.344.8858 TTY линия Местный: 330.363.2393 Вне Старка County : 1.866.633.4752.**

French

Français
Cet avis a d'importantes informations. Cet avis a d'importantes informations sur votre demande ou la couverture par l'intermédiaire de **Compagnie d'Assurance AultCare/Aultra**. Rechercher les dates clés dans le présent avis. Vous devrez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. **Appelez Locale: 330.363.6360 En dehors du comté de Stark : 1.800.344.8858 ligne ATS Local : 330.363.2393 En dehors du comté de Stark : 1.866.633.4752**

Vietnamese

Việt Nam

Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng bản về đơn nộp hoặc hợp đồng bảo hiểm qua chương trình Công ty Bảo hiểm AultCare/Aultra. Xin xem ngay then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số Địa phương: 330.363.6360 Bên ngoài của Stark County : 1.800.344.8858 TTY đường dây Địa phương: 330.363.2393 Bên ngoài của Stark County : 1.866.633.4752.

Cushite-Oromo

Beeksisti kun odeeffannoo barbaachisaa qaba. Beeksisti kun sagantaa yookan karaa AultCare/Aultra tiin tajaajila keessan ilaalchisee odeeffannoo barbaachisaa qaba. Guyyaawwan murteessaa ta'an beeksisa kana keessatti ilaalaa. Tarii kaffaltiidhaan deeggaramuuf yookan tajaajila fayyaa keessaniif guyyaa dhumaa irratti wanti raawwattan jiraachuu danda'a. Kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabaattu. Lakkoofsa bilbilaa Local: 330.363.6360 Outside of Stark County: 1.800.344.8858 TTY Line Local: 330.363.2393 Outside of Stark County: 1.866.633.4752 ti bilbilaa.

Korean

한국어

본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 AultCare/Aultra 보험 회사계획을 통한 커버리지에 관한 정보를 포함하고 있습니다. 본 통지서에서 핵심이 되는 날짜들을 찾으십시오. 귀하는 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하는 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 지역 : 330.363.6360 스타크 카운티 의 외부 : 1.800.344.8858 TTY 라인 지역 : 330.363.2393 스타크 카운티 의 외부 : 1.866.633.4752 로 전화하십시오.

Italian

Italiano

Questo avviso contiene informazioni importanti sulla tua domanda o copertura attraverso AultCare/Aultra. Cerca le date chiave in questo avviso. Potrebbe essere necessario un tuo intervento entro una scadenza determinata per consentirti di mantenere la tua copertura o sovvenzione. Hai il diritto di ottenere queste informazioni e assistenza nella tua lingua gratuitamente. Chiama Locale: 330.363.6360 Al di fuori di Stark County : 1.800.344.8858 TTY linea Locale: 330.363.2393 Al di fuori di Stark County : 1.866.633.4752.

Japanese

日本語

この通知には重要な情報が含まれています。この通知にはAultCare/Aultra保険会社の申請または補償範囲に関する重要な情報が含まれています。この通知に記載されている重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語にこの情報とサポートが無料で提供されます。330.363.6360 スターク郡の外 : 1.800.344.8858 TTYライン ローカル : 330.363.2393 スターク郡の外 : 1.866.633.4752までお電話ください。

Dutch

Nederlands

Deze mededeling heeft belangrijke informatie. Deze mededeling heeft belangrijke informatie over uw aanvraag of dekking via AultCare/Aultra. Kijk naar belangrijke datums in deze mededeling. Het kan nodig zijn om actie te ondernemen binnen bepaalde termijnen om uw zorgverzekering te behouden of hulp met kosten te krijgen. U heeft het recht op deze informatie en hulp in uw taal zonder kosten. Bel Local : 330.363.6360 Buiten Stark County : 1.800.344.8858 TTY Line Local : 330.363.2393 Buiten Stark County : 1.866.633.4752.

Ukrainian

український

Це повідомлення містить важливу інформацію. Це повідомлення містить важливу інформацію про Ваше звернення щодо страховального покриття через Страхова компанія AultCare/Aultra. Зверніть увагу на ключові дати, вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дзвоніть за номером телефону Місцевий : 330.363.6360 Поза Старка County : 1.800.344.8858 TTY лінія Місцевий : 330.363.2393 Поза Старка County : 1.866.633.4752.

Romanian

Română

Prezenta notificare conține informații importante. Această notificare conține informații importante privind cererea sau acoperirea asigurării dumneavoastră de sănătate prin Compania de Asigurari AultCare/Aultra. Căutați datele cheie din această notificare. Este posibil să fie nevoie să acționați până la anumite termene limită pentru a vă menține acoperirea asigurării de sănătate sau asistența privitoare la costuri. Aveți dreptul de a obține gratuit aceste informații și ajutor în limba dumneavoastră. Sunați la Locale : 330.363.6360 In afara Stark Judet : 1.800.344.8858 TTY linie Locale : 330.363.2393 In afara Stark Judet : 1.866.633.4752.

Non-Discrimination Notice:

AultCare/Aultra complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. AultCare/Aultra does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. AultCare/Aultra provides free aids and services to people with disabilities to communicate effectively with us, such as: Qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). AultCare/Aultra provides free language services to people whose primary language is not English, such as: Qualified interpreters and information written in other languages.

If you need these services, or if you believe that AultCare/Aultra has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can contact or file a grievance with the: AultCare/Aultra Civil Rights Coordinator, 2600 6th St. S.W. Canton, OH 44710, 330-363-7456, CivilRightsCoordinator@aultcare.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights staff is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.