SAN FRANCISCO HEALTH PLAN
Here for you

New Member

Coordination of Benefit Form

Please complete and return.

SFHP ID: _____

Member Name: _____

Dear Member,

In order to correctly process your claims, San Francisco Health Plan requires a completed Coordination of Benefits (COB) form every year. The form provides information about whether you are covered under more than one health care plan.

Section 1: Other Coverage

Do you have any other health insurance coverage? Yes ___ No ___

If **yes**, please complete Section 2 and sign Section 3.
If **no**, please sign Section 3. To ensure there is no delay in processing your claims, please return this form using the return envelope.

Section 2: Information Necessary to Coordinate Benefits

Other Health Insurance Company Information

Policyholder's Name: _____ Date of Birth (MM/DD/YYYY): _____

Name of Employer: _____ Actively Employed? (Y/N): _____

Retiree? (Y/N) _____

Name of Carrier: _____ Telephone Number: _____

Address: _____

Policy ID Number: _____ Coverage Effective Date: _____

Group Number: _____ Coverage Termination Date: _____

Type of Coverage (Check all that apply):
☐ **Medical** Please select type: ☐ PPO ☐ HMO ☐ EPO ☐ POS ☐ Other _____
☐ **Medicare** ☐ **Medicaid/Medi-Cal** ☐ **Dental** ☐ **Vision** ☐ **Prescription Drug**

Section 3: Verification

I hereby verify that the above information is true, complete and accurate to the best of my knowledge.

Print Name:_____ Telephone #:_____

Signature: _____ Date:_____

Return to:
San Francisco Health Plan
Attention: Member Eligibility Management
P.O. Box 194247
San Francisco, CA 94119

If you are hearing impaired, please call the TDD/TTY line at **1(415) 547-7830,** toll-free at **1(888) 883-7347** or through the California Relay Service at **711.** You may request this document in alternative formats like Braille, large size print, and audio. To request other formats, or for help with reading this document and other SFHP materials, please call Customer Service at **1(415) 547-7800** or toll free at **1(800) 288-5555.**