

MEDICARE SECONDARY PAYER
Employee Status Form



Please complete this form to assist with compliance with the Medicare Secondary payer regulations of the Centers for Medicare and Medicaid Services (CMS). You may want to check with your legal counsel to confirm the Medicare Secondary payer requirements. A copy of your Medicare card must accompany this form.

Name of employee	Telephone
Identification number (from Anthem ID card)	Name of Medicare beneficiary
Social Security number of beneficiary	Medicare (Health Insurance Claim) number
Reason for Medicare eligibility/entitlement <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> End-Stage Renal Disease (ESRD) <input type="checkbox"/> Disability and current ESRD	Effective date of eligibility/entitlement <input type="checkbox"/> Part A _____ <input type="checkbox"/> Part B _____ <input type="checkbox"/> Part A&B _____ <input type="checkbox"/> Part D _____

For the Medicare beneficiary named above, please check the appropriate box:

1. If Age is the basis of Medicare entitlement (age 65 or over):
 - The coverage under the group health plan is based on current employment status* of the Medicare beneficiary or spouse.
 - The coverage under the group health plan is not based on current employment status* of the Medicare beneficiary or spouse.

2. If Disability is or was the basis of Medicare entitlement (under age 65):
 - The coverage under the group health plan is based on current employment status* of the Medicare beneficiary or a member of his/her family.
 - The coverage under the group health plan is not based on current employment status* of the Medicare beneficiary or his/her family.
 - The employee or dependent is no longer eligible for Medicare.

3. If End Stage Renal Disease is the basis of Medicare entitlement (any age):
 - The Medicare beneficiary became entitle to Medicare due to ESRD on _____ (date).

4. If Disability and End Stage Renal Disease is the basis of Medicare entitlement:
 - The Medicare beneficiary became entitle to Medicare due to disability on _____ (date) and due to ESRD on _____ (date).

* "Current employment status" means the individual:

1. is actively working as an employee, is the employer or is associated with the employer in a business relationship; or
2. is not actively working and -
 - a) is receiving disability benefits from an employer for up to 6 months; or
 - b) retains employment rights in the industry and other specific requirements are met.

You will need to complete this form and return to your Group Administrator.

Medicare Beneficiary signature	Date
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Group will notify Anthem Blue Cross and Blue Shield as soon as the statements above are no longer true.

Group administrator's signature (required)	Printed Name	Date
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