

D. In the case of divorce or legal separation, which parent has custody?

Name of Custodial Parent: _____

Which parent claims exemption on their Federal Income Tax Return?

Name: _____

E. If Medicare covers you, your spouse or any other family members, please complete below.

Name: _____ Date: _____ Part A: ___ Part B: ___ Age 65: ___ Disabled: ___ ESRD: ___

Have you elected Medicare Part D Prescription Coverage? Yes ___ No ___ Effective Date: _____

Please submit a copy of your Medicare card(s)

F. Dependent children covered under Divorce or Court Order:

Include a copy of the court order, QMSCO or Divorce Decree with this form (unless previously submitted).

Which Party has physical custody of the dependent child(ren)? _____

Does the Divorce Degree or Court Order stipulate which party is responsible for maintaining health coverage on the dependent child(ren)? Yes _____ No _____

If the answer to the above question is 'YES', complete the following (if additional space is needed, use back of form).

Dependent Full Name	Parent Name (address & phone)	Insurance Name	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please sign and date the form and return.

Authorization to release information: The above answers are true and complete according to the best of my knowledge and believe. I hereby authorize any Employer, Insurance Company, Medical prepayment plan, service organization, Physician, Practitioner or other person; any hospital, including Veteran's Administration or other institution to release to or obtain from my Benefits Administrator any medical or payment information that may be required to establish the validity of my claims. I further authorize said company, person, or organization to disclose any personal claim information required for medical case study or review. A photocopy of this authorization shall be considered as effective and valid as the original.

Employee Signature: _____ Date: _____

Spouse Signature: _____ Date: _____