AULTCARE

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.

Children's first and last names	Relationship	
a.	❑Natural child of enrollee & spouse ❑Natural child of spouse➡**Part 4**	❑Natural child of enrollee➡**Part 4** ❑Other_____➡**Part 4**
b.	❑Natural child of enrollee & spouse ❑Natural child of spouse➡**Part 4**	❑Natural child of enrollee➡**Part 4** ❑Other_____➡**Part 4**
c.	❑Natural child of enrollee & spouse	❑Natural child of enrollee➡**Part 4**

	❑Natural child of spouse➡**Part 4**	❑Other_____➡**Part 4**
d.	❑Natural child of enrollee & spouse ➡**Part 4** ❑Natural child of spouse➡**Part 4**	❑Natural child of enrollee➡**Part 4** ❑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 <u>available</u> 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_____

Part A Effective Date ____/____/____

Part B Effective Date ____/____/____

Part D Effective Date ____/____/____

Reason for Medicare coverage:

❑ Age 65 or older ❑ Disabled

❑ End Stage Renal Disease (ESRD)

Date dialysis treatment began ____/____/____

Dialysis started in a: ❑Facility ❑Self/Home dialysis

Date of kidney transplant ____/____/____

Name_____

Part A Effective Date ____/____/____

Part B Effective Date ____/____/____

Part D Effective Date ____/____/____

Reason for Medicare coverage:

❑ Age 65 or older ❑ Disabled

❑ End Stage Renal Disease (ESRD)

Date dialysis treatment began ____/____/____

Dialysis started in a: ❑Facility ❑Self/Home dialysis

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
الـ عربـ ية
يحوي هذا الاشعار معلومات هامة. يحوي هذا الاشعار معلومات مهمة بخصوص طلبك للحصول على التغطية من خلا شركة التأمين AultCare/Aultra
ابحث عن التواريخ الهامة في هذا الاشعار. قد تحتاج لاتخاذ اجراء في تواريخ معينة للحفاظ على تغطيتك الصحية او للمساعدة في دفع التكاليف. لك الحق في الحصور على المعلومات والمساعدة بلغتك من دون أي تكلفة. اتصل بـ0636.363.033 خارج مقاطعة ستارك :8588.443.008.1 لخط **TTY**المحلي: 3932.363.033 خارج مقاطعة ستارك :2574.336.668.1

Pennsylvania Dutch
Deitsch
Die Bekanntmaching gebt wichdichi Auskunft. Die Bekanntmaching 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 beschtimmde Deadlines, so ass du dei Health Coverage bhalde kannscht, odder bezaahle helfe kannscht. Du hoscht es Recht fer die Information un Hilf in deinre eegne 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, потребуется 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 bàn về đơn nộp hoặc hợp đồng bảo hiểm qua chương trình **Công ty Bảo hiểm AultCare/Aultra**. Xin xem ngày 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 trúp 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 ng oài của Stark County : 1.866.633.4752.**

Cushite-Oromo
Beeksisni 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** tii bilbilaa.

Korean
한국어
본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고**AultCare/Aultra 보험 회사계획** 을 통한 커버리지 에 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。ご希望の言語による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 страхувального 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 dumneavoastre 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.