



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, d. Relationship options include Natural child of enrollee & spouse, Natural child of spouse, and Other.

** 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: TIMKEN SERVICE UNIT COB
PO BOX 6910
CANTON OH 44706
FAX 330-580-5501
330-363-6282 OR 1-800-505-2858

Note: If any changes occur during the year, please notify the Timken Service Unit.

AultCare/Aultra General Tag Lines for the State of Ohio

English

If you, or someone you are helping, have questions about **AultCare/Aultra** you have the right to get help and information in your language at no cost. To speak with an interpreter, 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

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca **AultCare/Aultra** tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, 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

如果您，或是您正在協助的對象，有關於 **AultCare/Aultra 保險公司** 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，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

Falls Sie oder jemand, dem Sie helfen, Fragen zum **AultCare/Aultra** haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer **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 an.**

Arabic

العربية

العربية، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة. للتحدث مع مترجم اتصل ب **AultCare/Aultra** إن كان لديك أو لدى شخص تساعد أسئلة بخصوص شركة التأمين خارج مقاطعة ستارك . 1.866.633.4752 المحلي: الخط 330.363.2393 خارج مقاطعة ستارك : 1.800.344.8858

Pennsylvania Dutch

Deitsch

Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut **AultCare/Aultra** hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du **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** uffrufe.

Russian

русский

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу **Страховая компания AultCare/Aultra**, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните 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

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de **Compagnie d'Assurance AultCare/Aultra**, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, **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

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về **Công ty Bảo hiểm AultCare/Aultra** quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi **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

Isin yookan namni biraa isin deeggartan **AultCare/Aultra**, irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, 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** tiin bilbilaa.

Korean

한국어

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 **AultCare/Aultra 보험 회사**에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 **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

Se tu o qualcuno che stai aiutando avete domande su **AultCare/Aultra**, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare **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

ご本人様、またはお客様の身の回りの方でも **AultCare/Aultra 保険会社**についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、**ローカル : 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

Als u, of iemand die u helpt, vragen heeft over **AultCare/Aultra**, heeft u het recht om hulp en informatie te krijgen in uw taal zonder kosten. Om te praten met een tolk, 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

Якщо у Вас чи у когось, хто отримує Вашу допомогу, виникають питання про **Страхова компанія AultCare/Aultra**, у Вас є право отримати безкоштовну допомогу та інформацію на Вашій рідній мові. Щоб зв'язатись з перекладачем, задзвоніть на **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

Dacă dumneavoastră sau persoana pe care o asistați aveți întrebări privind **Compania de Asigurari AultCare/Aultra**, aveți dreptul de a obține gratuit ajutor și informații în limba dumneavoastră. Pentru a vorbi cu un interpret, 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>.