BAY AREA AUTOMOTIVE GROUP WELFARE FUND
4160 Dublin Blvd., Suite 400
Dublin, California 94568-7756
Telephone 1-800-267-3232 ● Fax 925-833-7301

DUAL COVERAGE QUESTIONNAIRE

Member: _____ Date: _____

Member's S.S.# or ID#: _____ Patient: _____
(See Enclosed Information)

Dear Member:

PLEASE COMPLETE ALL QUESTIONS

We are in receipt of a claim submitted for your dependent child. Due to state laws with respect to coordination of benefits for dependent children, it is necessary to ask the following questions in order to determine the primary carrier for your dependent child. ***(See enclosed information).***

1. Provide birthdate of both parents:
   Mother: mo.___ day___ year___ Father: mo.___ day___ year___
2. Does child live with both natural parents? Yes ☐ No ☐
3. If parents are divorced or separated, which parent has custody? Mother ☐ Father ☐
4. If divorced, is it written in your divorce decree that either parent is responsible for all health expenses for this child? Yes ☐ No ☐ If yes, which parent is responsible? Describe that responsibility or provide a copy of that portion of the divorce decree which explains the responsibility:
   _____
   _____
5. Please provide the following information regarding insurance coverage (other than BAAG) for this child. If more room is needed, please use other side of this form.
   - Name of other insured person: _____
   - Is insured working? _____ Retired? _____
   - Relationship to patient (mother, father, stepparent): _____
   - Other insured's Social Security # : _____
   - Name and address of other insured's employer: _____
     _____
   - Effective date of coverage: **MEDICAL**_____**DENTAL**_____
   - If terminated, give date of termination: _____
   - Name, address and phone number of other group carrier: _____
     _____
   - Policy # : _____
   - Does this policy include your dependents for coverage? _____
   - **IS THIS AN HMO PLAN?** _____

The charges submitted cannot be processed without this information. If you have any questions, please feel free to contact this office. Please return all enclosures with this completed form.