



SIGNATURE 65 (MEDICARE SECONDARY PAYER) QUESTIONNAIRE

New Group Renewal Update

Please Print

Group Number	
Effective Date	Anniversary Date

White - Highmark Blue Shield • Green - Underwriting Control • Canary - Membership & Billing • Pink - Customer • Goldenrod - Seller

Company Name	Policymaker Name & Title			Telephone Number ()	Fax Number ()
Street Address	City	State	Zip	County	
Mailing Address - PO Box (if different than Street Address)	City	State	Zip		

1. Do you intend to cover any individuals in the Signature 65 product who are currently employed (i.e., other than retired)? Yes No

IF YOU ANSWERED YES TO QUESTION 1, YOU MUST ANSWER THE FOLLOWING:

- Greatest number of full- and part-time employees for current calendar year _____
- Greatest number of full- and part-time employees for preceding calendar year _____
- Identification of each individual other than retirees intended to be covered in Signature 65 and indication of whether each individual's entitlement to Medicare coverage is based on age or disability. **IMPORTANT NOTE: INDIVIDUALS WHO ARE ENTITLED TO MEDICARE BASED ON END STAGE RENAL DISEASE (ESRD) MAY NOT BE ENROLLED IN SIGNATURE 65.**

Name of Individual	Medicare Coverage Based On

5. Is group applicant obtaining this coverage through an Association? Yes No
- a. If Yes, has the Association informed the Centers for Medicare and Medicaid Services ("CMS") that Medicare is primary for those individuals currently employed and entitled to Medicare based on age? Yes No

Certification Requirement

The Group represents that it has not offered any incentive to its employees to elect Medicare as the primary payer and further represents that Medicare is appropriately the primary payer for each individual enrolled in this Group under the Medicare Secondary Payer laws and regulations. (Section 186(b) of the Social Security Act; 42 C.F.R. Part 411 *et seq.*) In that regard, individuals eligible for Medicare based solely on the individual's status as an ESRD beneficiary may not be enrolled in Signature 65, even after the expiration of the 30-month coordination period. The applicant also acknowledges its responsibility to notify Highmark if any of the individuals enrolled in the Signature 65 product becomes ineligible as a consequence of any change in the number of full and part-time individuals employed by the Group, the employment status of the individuals enrolled in this product (active or retired), or otherwise.

SIGNATURES REQUIRED BELOW

Policymaker Name _____

Sign _____ Date _____

HBS Rep _____ Rep Code _____ Date _____

Reviewed on
