Florida Blue

An Independent Licensee of the
Blue Cross and Blue Shield Association

Group Retiree Coordination of Benefits (COB) with Medicare Part D

Instructions:

1. If you have chosen "Optional" COB for your group retirees, complete this spreadsheet with all Part D eligible retirees and their Part D eligible covered dependents *who have purchased Medicare Part D*.
2. If you have chosen "Required" COB for your group retirees, complete this spreadsheet with all Part D eligible retirees and their Part D eligible covered dependents.
3. For initial enrollment and renewals print the completed spreadsheet and submit with your new group or renewal package to:
   Florida Blue, Attn: Membership & Billing, PO Box 44144, Jacksonville, FL 32231-4144.
4. For maintenance changes complete the spreadsheet and email, fax or mail to your Florida Blue personal service representative.

Group Name:							**Group Number:**		
Member Name			SSN or Contract Number	Date of Birth	Relationship to Contract Holder	Enrolled in BlueCare (HMO) Health Plan (Y/N)	Enrolled In Medicare Part D (Y/N)	Employment Status of Contract Holder (Active or Retired)	Is Group Rx Coverage Secondary (S) or Primary (P) to Part D?
Last Name	First	MI							

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