

**ACTIVE + RETIREE HEALTH PLANS**Spouse: Coordination of Benefits — Form **1****Instructions**

- ▶ The Coordination of Benefits Forms apply to Participants and their dependents when enrolling in the Motion Picture Industry Health Plan's (MPIHP) Preferred Provider Option Plan and Oxford Health Plans Point of Service Plan.
- ▶ This form is used to allow the MPIHP to properly coordinate benefits for your spouse and dependents.
- ▶ If your spouse is eligible for medical, hospital and/or prescription benefits through his/her own employer, your spouse **must** enroll for that insurance as his/her primary coverage as soon as it is available, regardless of cost. MPIHP then will be the **secondary coverage** for those benefits and will remain the primary coverage for dental and vision benefits.
- ▶ If your spouse misses the open enrollment date and is not able to enroll until the next open enrollment period, MPIHP will **cancel** all of his/her benefits including dental and vision until your Spouse is enrolled in his/her employer's group insurance.
- ▶ If any information on this form changes, a new form **must be submitted within 30 days**.
- ▶ Information submitted by you to the Plan Office will be used to update records at the Motion Picture Industry Pension, Individual Account and Health Plans.

- ▶ If Spouse is **unemployed, self-employed, a freelancer or retired without group insurance**, you will need to complete the "Spouse: Coordination of Benefits" - Forms 1 & 3.
- ▶ If Spouse is **employed (full-time or part-time) or retired with group insurance**, you will need to have the Spouse's Employer complete the top portion of the "Spouse: Coordination of Benefits" - Forms 1 & 2.
- ▶ Incomplete forms and/or forms missing Participant's, spouse's or employer's signatures **will be returned**. Failure to provide this information may result in the delay and/or denial of payment of your dependent's claims.

#### **Eligibility and Coordination of Benefits for Dependent Children:**

If a spouse enrolls his or her dependent child(ren) in his or her Employer's health plan, that plan may be considered primary for the child(ren). The determination of which coverage is primary will be made based on whose birthday comes first in the year. If the spouse's birthday is earlier than the Participant's, his or her insurance will be considered primary. If the Participant's birthday comes first, MPIHP will be primary for the dependent child(ren).

If a spouse enrolls in his or her Employer's health coverage and dependent child(ren) can be enrolled at no additional charge, such dependents must be enrolled. If they are not enrolled under these circumstances, MPIHP will provide no coverage to such dependent child(ren).

**COMPLETE THIS FORM & RETURN TO:**

**Motion Picture Industry Pension & Health Plans**  
P.O. Box 1999, Studio City, CA 91614-0999

- ▶ Form may be emailed to [service@mpihp.org](mailto:service@mpihp.org) or faxed to (818) 766-1229.
- ▶ **Questions?** Email [service@mpihp.org](mailto:service@mpihp.org) or call MPIPHP toll-free at (855) 275-4674 from 6 a.m. to 7 p.m. PST, Monday through Friday.

