

COMPLETE LISTING FOR TYPE OF INSURANCE:

If OTHER is checked on the front page of this form, please indicate which insurance type applies toward coverage.

- Medicare Secondary, End-Stage Renal Disease Beneficiary in the 12 month coordination period
- Medicare Secondary, Working Aged Beneficiary or Spouse with Employer Group Health Plan
- Medicare Secondary, No-fault Insurance including Auto is Primary
- Medicare Secondary, Worker's Compensation
- Medicare Secondary, Public Health Service (PHS) or other Federal Agency
- Medicare Secondary, Black Lung
- Medicare Secondary, Veteran's Administration
- Medicare Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP)
- Medicare Secondary, Other Liability Insurance is Primary
- Auto Insurance Policy
- Commercial
- Medicare Conditionally Primary
- Health Maintenance Organization (HMO) - Medicare Risk
- Special Low Income Medicare Beneficiary
- Indemnity
- Long Term Care
- Long Term Policy
- Life Insurance
- Litigation
- Medicare Part A
- Medicare Part B
- Medigap Part A
- Medigap Part B
- Medicare Primary
- Other
- Property Insurance - Personal
- Qualified Medicare Beneficiary
- Property Insurance - Real
- Supplemental Policy
- Tax Equity Fiscal Responsibility Act (TEFRA)
- Workers Compensation
- Wrap Up Policy