

# CMS Status Questionnaire

## Centers for Medicare & Medicaid Services (CMS)

### Secondary Payer Mandatory Reporting

Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) has added new mandatory reporting requirements for group health plans effective January 1, 2009. As your Insurance Administrator we are now required to track plan participants, enrolled employee and any enrolled spouses, who are also enrolled in Medicare.

**Please complete and return this form to:**  
 NCBE Insurance Trust  
 Phone: (707) 542-9502 • Fax (707) 542-6529  
 PO Box 8070, Santa Rosa, CA 95407

Please check one box below.

- No, we do not have any individuals **enrolled in this group plan** and also enrolled in Medicare.
- Yes, we do have individuals **enrolled in this group plan** and also enrolled in Medicare.  
 If Yes, please complete the Employee information and enrolled Spouse or Domestic Partner information if applicable.

Employee	Last Name	First Name	Social Security Number	Enrolled in Medicare? <input type="checkbox"/> No <input type="checkbox"/> Yes, check all that apply: <input type="checkbox"/> Part A <input type="checkbox"/> Part B <input type="checkbox"/> Part D
Spouse/ DP	Last Name	First Name	Social Security Number	Enrolled in Medicare? <input type="checkbox"/> No <input type="checkbox"/> Yes, check all that apply: <input type="checkbox"/> Part A <input type="checkbox"/> Part B <input type="checkbox"/> Part D

Employee	Last Name	First Name	Social Security Number	Enrolled in Medicare? <input type="checkbox"/> No <input type="checkbox"/> Yes, check all that apply: <input type="checkbox"/> Part A <input type="checkbox"/> Part B <input type="checkbox"/> Part D
Spouse/ DP	Last Name	First Name	Social Security Number	Enrolled in Medicare? <input type="checkbox"/> No <input type="checkbox"/> Yes, check all that apply: <input type="checkbox"/> Part A <input type="checkbox"/> Part B <input type="checkbox"/> Part D

Employee	Last Name	First Name	Social Security Number	Enrolled in Medicare? <input type="checkbox"/> No <input type="checkbox"/> Yes, check all that apply: <input type="checkbox"/> Part A <input type="checkbox"/> Part B <input type="checkbox"/> Part D
Spouse/ DP	Last Name	First Name	Social Security Number	Enrolled in Medicare? <input type="checkbox"/> No <input type="checkbox"/> Yes, check all that apply: <input type="checkbox"/> Part A <input type="checkbox"/> Part B <input type="checkbox"/> Part D

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 Name of Company

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name of Owner/Officer

\_\_\_\_\_  
 Firm #

\_\_\_\_\_  
 Signature of Owner/Officer

\_\_\_\_\_  
 Title