Other Health Insurance (OHI) Form

To ensure your Martin's Point Generations Advantage benefits are coordinated correctly, please let us know if you have any other health insurance coverage—or if you've recently ended it. Medicare only allows enrollment in one Medicare Advantage plan at a time. Generations Advantage members cannot have supplemental insurance plans.

Please complete this form if:

- You currently have another health insurance plan in addition to your Generations Advantage plan
- You've recently added, changed, or ended another health insurance plan

This information helps us prevent billing delays and ensure your providers are reimbursed accurately.

Personal Information

First Name: _____ Last Name: _____

Date of Birth: _____ Generations Advantage Member ID#: _____

Effective Date of Coverage: _____

Other Health Plan Information

Other Health Plan Name: _____

Policy Holder Name (if different from self): _____

Other Plan Policy Number: _____ Effective Date of Coverage: _____

Other Plan Address: _____

_____

_____

Other Plan Phone: _____ Relationship to Policyholder: _____

Please Sign and Return This Form

Printed Name: _____ Signature: _____

Date: _____

Return your completed form by mail.

Generations Advantage Enrollment
Martin's Point Health Care
PO Box 9746
Portland, Maine 04104