

RESOURCES

THIRD PARTY RESOURCES

- A member of the household, absent parent or absent spouse is a member of a union, fraternal organization, or armed forces;
- The A/R indicates that s/he was involved in an accident;
- The A/R indicates that s/he has a work related illness/disability;
- The A/R is over age 65 or has been disabled for at least 24 months, suffers from chronic renal (kidney) disease, has Amyotrophic Lateral Sclerosis (ALS) or is a disabled widow; or
- The A/R is a disabled dependent widower between ages 50 and 65.

**Verification/
Documentation:**

Sufficient to establish an audit trail.

- Copies of both sides of benefit cards;
- Name of insurance carrier, persons covered, dates of coverage, name of the policy holder, kinds of coverage, address to which claims are sent;
- Employer or Union name and address; or
- If an accident claim, name of the party who is liable for claim, copy of the police report, date of claim, names of attorneys, status of any legal action and a copy of lien.
- Completion of the Employer Sponsored Health Insurance Request for Information form (DOH-4450)