Excellus

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165 Court Street
Rochester, New York 14647

An Independent Licensee of the
BlueCross BlueShield Association

TEFRA / DEFRA
Election Form

Group Name		Date
Group Number	Group Telephone Number	
Group Representative Signature		Date

Complete this Section for Over 65 Active employee and/or spouse of an active employee electing **Employer Group Plan** as Primary Coverage.

Employee Name	Subscriber #	Date of Birth _____/_____/_____
Medicare Health Insurance Claim ID # _____ - _____ - _____	Effective Date Part A (Hospital) _____/_____/_____	Effective Date Part B (Medical) _____/_____/_____
If not eligible for Medicare Part A, give reason:_____ If not eligible for Medicare Part B, give reason:_____		

Spouse's Name	Subscriber #	Date of Birth _____/_____/_____
Medicare Health Insurance Claim ID # _____ - _____ - _____	Effective Date Part A (Hospital) _____/_____/_____	Effective Date Part B (Medical) _____/_____/_____
If not eligible for Medicare Part A, give reason:_____ If not eligible for Medicare Part B, give reason:_____		

Over 65 Active employees and/or spouse of an active employee electing **Medicare as Primary** coverage should be removed from your group. Please complete a Membership Cancellation Worksheet to cancel the subscriber and/or spouse.

Please mail to: Excellus BlueCross BlueShield
Attention: Membership & Billing
165 Court Street
Rochester, New York 14647

Inquiries: Membership and Billing Services Unit
(585) 232-3310 or 1-800-724-5032
Available Monday-Friday 9:00 a.m. - 4:30 p.m.