Health & Welfare Fund
LOCAL 399

COORDINATION OF BENEFITS FORM

IUOE • Local 399 Health & Welfare Fund
2260 S. Grove Street • Chicago, IL 60616
Phone: (312) 372-9870 Ext. #3
Fax: (312) 842-0291

You and other members of your household may be covered by more than one health insurance or dental plan. Coordination of benefits is a way to coordinate your health and welfare benefits when dual coverage exists. Accurate information is needed annually to account for changes in your family member's employment status or coverage elections. With current information on file, your claims will not be unnecessarily delayed.

Note: Your primary coverage as the member is generally Local 399's plan. Coverage under your spouse's employer is generally primary for your spouse and secondary for you. If you have eligible dependent children covered by dual plans, the coverage of the parent whose birthday falls first in the calendar year is generally considered the primary plan and the coverage of the other parent is generally secondary.

Please take a few minutes to complete this form and return it to the Fund Office.

- ❑ **Our family has no health insurance other than Local 399's Health & Welfare Plan.**
- ❑ **Our family has another plan (complete section below)**

Member Name: _____ Social Security No.: _____/_____/_____

Family Member with other coverage: _____ Family Member Birthdate: _____-_____-_____

Through Employer? _____ Yes _____ No

Medicare: _____ Yes _____ No **Other:** _____ Yes _____ No

Employer Name: _____

Employer's Insurance: _____

Name of all family members covered by other insurance (state ALL if applicable))

_____

_____

Type of Coverage: ❑ Medical ❑ Dental ❑ Vison

Effective Date: _____