



# 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. If you have an adult child with coverage through their own employer, that coverage is primary for the adult child.*

*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 or a family member 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                      Vision

Effective Date: \_\_\_\_\_