United Food and Commercial Workers Unions
and Participating Employers
Health and Welfare Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (410) 683-6500
(800) 638-2972
www.associated-admin.com

8400 Corporate Drive, Suite 430
Landover, Maryland 20785-2361
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COORDINATION OF BENEFITS UPDATE

Update for Yourself, Your Spouse, or Your Dependent(s)

Participant Name: _____ **Participant SSN**: _____

Other Group Coverage Was Offered On (Choose One):

1) ___ Myself 2) ___ My Spouse 3) ___ Other Eligible Dependent

If Spouse:

a) Name: _____
b) SSN: _____
c) Birth date: _____
d) Spouse's Employer:

_____ Co. Name
_____ Address
_____
(____) _____ Phone No.
_____ Benefit/HR Dept. (Contact Name)

If Other Dependent:

a) Name: _____
b) SSN: _____
c) Birth date: _____
d) Spouse's Employer:

_____ Co. Name
_____ Address
_____
(____) _____ Phone No.
_____ Benefit/HR Dept. (Contact Name)

Are you/your dependent eligible for Medicare coverage? ___ Yes ___No

Was other coverage accepted? ___ Yes ___ No

If yes, coverage is from:

___ Medicare A ___ Medicare B ___ Medicare D ___ Spouse's Employer ___ Other ___ Participant's Employer at Another Job

If No, were you/your dependent offered <u>any other benefit</u> for declining? (Cash, benefit dollars or any other benefit?) ___ Yes ___ No

Is it an Active or Retiree Plan? ___ Active ___ Retiree

Insurance Co. Name: _____

Address: _____

Phone Number: _____

Group Policy #: _____ **Effective Date** _____

- If more than one family member (ex-spouse and child) has more than one coverage, or if an individual is covered by <u>more</u> than one other policy, attach a sheet listing the information for each.

Participant's Signature _____ **Date** _____

Send to: UFCW Unions & Participating Employers
Health and Welfare Fund
8400 Corporate Drive, Suite 430
Landover, MD 20785-2361
ATTN: UFCW COB