



Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (800) 730-2241
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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: _____

There is Other Group Coverage On (Choose One):

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

If Spouse:

Name: _____

SSN: _____

Birth date: _____

Spouse's Employer:

_____ Co. Name

_____ Address

() _____ Phone No.

_____ Benefit/HR Dept.

(Contact Name)

If Other Dependent:

Name: _____

SSN: _____

Birth date: _____

Spouse's Employer:

_____ Co. Name

_____ Address

() _____ Phone No.

_____ Benefit/HR Dept.

(Contact Name)

Coverage is from:

Medicare A

Medicare B

Medicare D

Spouse's Employer

Other

Participant's Employer at Another Job

Insurance Co. Name: _____

Address: _____

Phone Number: _____

Group Policy #: _____ Effective Date: _____

If more than one family member has more than one additional coverage, or if an individual is covered by more than one other policy, attach a sheet listing the information for each.

Is it an Active or Retiree Plan? Active Retiree

If other group coverage is for a dependent child, is the child's natural parents legally separated or divorced? Yes No

Are you/your dependent eligible for Medicare coverage? Yes No

Participant's Signature _____ Date _____

Fax to (410) 683-7788 or mail to:

Fund Office
Warehouse Employees Union Local No. 730
Health and Welfare Trust Fund
911 Ridgebrook Rd.
Sparks, MD 21152