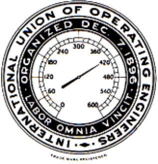

Operating Engineers Local No. 77
Trust Fund of Washington, D.C.
Health And Welfare Program

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (877) 850-0977
www.associated-admin.com

8400 Corporate Drive, Suite 430
Landover, Maryland 20785-2361
Telephone: (877) 850-0977
www.associated-admin.com

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: ____

Dependent'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 <u>more</u> 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
Operating Engineers Local No. 77
Health and Welfare Trust Fund
911 Ridgebrook Rd.
Sparks, MD 21152
ATTN: Local 77 COB