



# Coordination of Benefits (COB)

\* YOUR RESPONSE IS REQUIRED \*

In order for us to process claims correctly for you and your family, we are required to obtain information regarding other insurance for you and your dependents. Please take a few moments to answer the following questions and return this form to us via fax (217) 422-9224, or mail to the address bellow.

Employee's Name (please print): \_\_\_\_\_

Employee Identification Number or Social Security Number: : \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

1. Do you, or any dependent covered under this plan, have coverage with another plan, including union welfare plans, Medicare, or school insurance?  Yes  No (please choose one)

If "yes," please provide the following information. If "no," please proceed to #7.

Type of coverage: (choose all that apply)

- Employer Sponsored Policy**
- Medicare** (circle all that apply)    **Part A**   **Part B**   **Part D**
- State Funded Policy**
- Retiree Policy**
- Individual Policy**
- Medicaid**
- Other**

- Effective date of coverage: \_\_\_\_\_
- Effective date of coverage: \_\_\_\_\_
- Effective date of coverage: \_\_\_\_\_
- Effective date of coverage: \_\_\_\_\_
- Effective date of coverage: \_\_\_\_\_
- Effective date of coverage: \_\_\_\_\_

2. Policy holder's Name & Relationship to the Insured: \_\_\_\_\_  
 Policy holder's Date of Birth: \_\_\_\_\_  
 Dependents covered by this policy: \_\_\_\_\_  
 Type of Coverage: Medical \_\_\_\_\_ Dental \_\_\_\_\_ Vision \_\_\_\_\_ Rx \_\_\_\_\_  
 Name of other insurance company: \_\_\_\_\_

3. Is there any other information you feel we should know about the other insurance? \_\_\_\_\_

4. If you are a Divorcee - Do you have custody of your children? If Not divorced proceed to #7 \_\_\_\_\_

5. If no to #4, is there a court decree stating who is required to carry Primary Coverage? \_\_\_\_\_

6. If yes to #5, who is required to carry the coverage and what is their relationship to the dependent covered by their policy? \_\_\_\_\_

7. Form completed by: \_\_\_\_\_  
Please Print Signature Date

If you have any questions, please contact our Customer Service Department at (800) 798-2422. Our hours are Monday through Friday, 8:00 a.m. – 5:00 p.m. (CST). Thank you for your prompt attention to this matter.