



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, email to eligibilityrt@consociate.com, or mail to the address below.

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.