

SHOPMEN'S LOCAL 527 BENEFIT FUND
2945 BANKSVILLE ROAD
PITTSBURGH, PA 15216
(412) 341-6183
Toll Free # 1 (800) 858-7870

COORDINATION OF BENEFITS DISCLOSURE

MEMBER'S NAME _____ SOCIAL SECURITY # _____

The Shopmen's Local 527 Benefit Fund has mandatory COORDINATION OF BENEFITS whenever a spouse/ dependent works and has coverage provided in full or in part from his/ her employer. Please complete the following questionnaire, even if your spouse/ dependent does not work so that we can correctly update our records.

Are you or any other dependent covered by other insurance? Yes () No ()

Is your spouse/ other* employed? Yes () No ()

IF NO STOP HERE... IF YES PLEASE CONTINUE

Name of spouse/ other* _____

Social Security Number _____

Employer's Name _____ Phone # _____ ext. _____

Employer's Address _____

TYPE OF COVERAGE PROVIDED BY SPOUSE/ OTHER'S EMPLOYER

1. MEDICAL, SURGICAL, MAJOR MEDICAL Yes () No ()

If yes: % _____ Deductible _____ Carrier _____

2. PRESCRIPTION? Yes () No ()

If yes: Deductible _____ Carrier _____ \$ _____ Brand \$ _____ Generic

3. DENTAL? Yes () No ()

If yes: Deductible _____ Carrier _____

4. VISION? Yes () No ()

If yes: Deductible _____ Carrier _____

5. **Does your plan have a Coordination of Benefits Provision?** Yes () No ()

If yes, what are the basis for determination of primary status? Birthdate _____ Gender _____

Additional Information

* other - Someone with whom you share responsibility for the medical coverage of your dependents.