UNITED ASSOCIATION LOCAL UNION 740
HEALTH & WELFARE PLAN

CO-ORDINATION OF BENEFITS FORM

YOUR NAME (please print)	
YOUR BIRTH DATE	
CERTIFICATE #	
SPOUSE'S NAME	
SPOUSE'S BIRTH DATE	

ADDING CO-ORDINATION OF BENEFITS

Spouse's Insurance Company:

Spouse's Policy Number:

Effective Date of Coverage: _____
dd / mm / yyyy

Spouse's Benefits: (please check one box for <u>each</u> of the following categories)

Health		**Drugs**		**Vision Care**		**Dental**	
Single Health	☐	Single Drugs	☐	Single Vision Care	☐	Single Dental	☐
Family Health	☐	Family Drugs	☐	Family Vision Care	☐	Family Dental	☐
No Health	☐	No Drugs	☐	No Vision Care	☐	No Dental	☐

TERMINATING CO-ORDINATION OF BENEFITS (Include a copy of the policy termination notice from the insurance provider or your employer)

Effective Date of Termination: _____
dd / mm / yyyy

Reason for Termination:

_____

_____

_____

AGREEMENT OF UNDERSTANDING

I agree that, should the information provided change in the future, it is my responsibility to advise the Plan Administrator, in writing, by completing and filing a revised Co-ordination of Benefits Form.

In addition, I understand that any mis-information or false statements my affect eligibility for benefits for me and my dependents under this Plan.

_____ _____
Signature of Member **Date**

PLEASE COMPLETE THIS FORM IF YOUR SPOUSE HAS COVERAGE UNDER ANOTHER PLAN

If your spouse has group coverage elsewhere, it may mean that you, your spouse, and/or your children have duplicate coverage. Your plan includes a Coordination of Benefits (COB) provision to allow you to obtain the maximum amount payable under BOTH plans while avoiding duplicate claims for the same expenses.

Submitting your claims in accordance with the COB rules saves the plan money, which, it turn can be used by the Trustees to fund other benefits. It works like this:

> If you are the person incurring the expense, file the claim first with this plan. If there is an unpaid balance, then file the claim with your spouse's plan.
>
> If your spouse is the person incurring the expense, file the claim first with your spouse's plan. If there is an unpaid balance, then file it with this plan.
>
> If one of your children is the person incurring the expense, first submit the claim to the Plan that covers the spouse who has the earlier birthday in the calendar year and then to the other plan for any unpaid balance.

If you have any questions about how to coordinate benefits, please contact the Plan Administrator:

UA Local 740 Benefit Trust Funds
P.O. Box 156
Mt. Pearl, NL A1N 2C2
Telephone No.: (709) 747-2249, ext 308
Fax No.: (709) 747-0364