

SHEET METAL WORKERS'

International Association . Local Union No. 73



4530 Roosevelt Road | Hillside, Illinois 60162 | 708.449.7373 | FAX 708.449.7333

Welfare, Pension and Annuity Funds —

Annual Coordination of Benefits Form

Your insurance with Sheet Metal Workers' Local 73 Welfare Fund contains a Coordination of Benefits provision. Processing of claims submitted under your contract depends upon your response.

Name (Last, First): Section #3 - Other Is your spouse or any other family member employed? No Yes Besides being covered by Sheet Metal Workers' Local 73 Welfare Fund, are you, your spouse or any other family member currently covered by any other health insurance plan or Medicare or Medicaid? No (If "No" skip to Section 5 below) Yes (If "YES" complete Sections 4 and 5) Section #4 - Other Insurance Information Please indicate below each family member covered by other insurance, the name of the other insurance carrier, who the policy holder is for that other insurance plan (this may be that same covered person or another parent or an adult child's spouse) and the date the other insurance began. Please use the back side of this page if you need more room. Name of Family Name of other Insurance Policy Holder's Name and relationship to covered person of other insurance Member with other coverage (ie; Aetna, Medicare, etc.) Policy Holder's Name and relationship to covered person of other insurance	Section #1 - Information about You					
Home Address:						
Home Address:	Member's Name:			Member No.:		
Preferred Phone #:	(Last)	(First)	(M.I.)			
Name (Last, First): Date of Birth	Home Address:		City:	State:	Zip:	
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Member with other coverage (ie; Aetna, Medicare, etc.) relationship to covered person of other insurance	use the back side of this page if you need more room.					
Member with other coverage (ie; Aetna, Medicare, etc.) relationship to covered person of other insurance	Name of Family	Name of other Inc		Deliev Heldeve Neme and	Effective Date	
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Please return the form in the enclosed envelope or return to the address at the top of this form. It is your responsibility to inform the Fund Office of any changes which occur during the calendar year. Thank you.