



INDIANA LABORERS WELFARE FUND

P.O. BOX 1587 TERRE HAUTE, INDIANA 47808-1587

Telephone (812) 238-2551 Toll Free (800) 962-3158

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COORDINATION OF BENEFITS FORM

Member Name:

Member ID#:

A RESPONSE TO THIS LETTER IS REQUIRED.

The Fund Office is currently updating its records with regard to Coordination of Benefits. Below please list of all your current eligible dependents:

If any of the dependents listed above are no longer your dependent under the terms of the Plan you will need to contact the Fund Office.

1. Do you or any of your dependents have any other medical, prescription, dental or vision benefits/services provided under any other group or individual health insurance or COBRA health plan?

NO

YES - The Fund Office will need a copy of all other carriers' benefit cards.

2. Do you or any of your dependents have medical or prescription benefits/services under any **Medicare** program?

NO

YES – The Fund Office will need a copy the Medicare card for yourself and/or any dependents who have Medicare that is not already on file with the Fund. If Medicare entitlement is due to any disability, the Fund Office will also need a copy of the Medicare Award Letter that indicates the reason for Medicare entitlement, if not already on file with the Fund Office.

Failure to respond within 30 days could result in all claims being pended and potentially denied until a reply is received with regard to the above requested information.

Signature of Participant

Date

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Officers-Board of Trustees
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Francis J. Gantner
Chairman

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Somer Taylor
Administrative Manager

