



INDIANA LABORERS WELFARE FUND

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

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

Fax (812) 238-2553 www.IndianaLaborers.org

COORDINATION OF BENEFITS FORM

Member Name:

Member ID#:

A RESPONSE TO THIS LETTER IS REQUIRED.

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

If any of these dependents are no longer your legal dependent you will need to contact the Fund.

1. Do you or any of your dependents have any other medical benefits or services provided under any other group carrier or COBRA plan?

NO

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

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

NO

YES – The Fund 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.

Please mark below what type of Medicare Plan.

Original Medicare Plan

Medicare Health Plan

Medicare Advantage Plan

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

Signature of Participant

Date

===== Officers-Board of Trustees =====

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