



COORDINATION OF BENEFITS INFORMATION

FOR EMPLOYER HR USE ONLY ID#: _____
Subgroup / Location: _____ Plan Choice: _____

TEAM MEMBER MUST COMPLETE SECTIONS BELOW

COORDINATION OF BENEFITS QUESTIONS
OTHER COVERAGE INFORMATION

Form with sections: About You, About Your Spouse (if applicable), Other Coverage (if applicable), About Your Former Spouse (if applicable). Includes fields for names, addresses, phone numbers, insurance details, and covered members.