



Claims Division

Group Health Plan

2949 N. Mayfair Road, Suite 116, Milwaukee, WI 53222-4392
Telephone: (414) 256-3860 Facsimile (414) 256-3879

Your coverage under the WELS VEBA Group Health Plan contains a Coordination of Benefits provision. This means that if you or your dependents are eligible for other insurance, these benefits must be taken into consideration when processing your claim.

Are any of your dependents (include spouse) currently employed or employed within the last 12 months. Yes No

If yes, please complete the following:

Name of Insured: _____

SSN of Insured: _____ Effective date: _____ Term date: _____

Employer: _____ Phone #: _____

Insurance Carrier's Name: _____ Phone #: _____

Address: _____

Group #: _____ Retired/Working? _____

Type of policy: Group Individual

Coverage level: Member only Family

Type of coverage: Medical Dental Vision

COB Rule: Birthday _____ Gender _____ Other _____

Please sign below indicating that the above information is current and accurate.

Signature: _____ Date: _____