SAG-AFTRA HEALTH PLAN

3601 W. Olive Ave., Burbank, CA 91505 • Mailing Address: P.O. Box 7830, Burbank, CA 91510-7830
P (800) 777-4013 • F (818) 953-9880 • www.sagaftraplans.org/health

Coordination of Benefits (COB) Questionnaire Form

In order for us to process claims for you and your dependents, you must complete this Coordination of Benefits questionnaire and return it to us. If we don't receive the completed, signed form, future claims may be denied without further notice. In that event, you or your provider will have 180 days to either provide the required information or appeal the denial.

Participant name: ____

Health care ID (HCID): ____

Are you, your spouse or children covered by another health insurance plan other than Medicare? __Yes __No

If yes, who is the insured?______________________Insured's health care ID number: ______________

Name of other plan:______________________Other plan's phone: ______________

Effective date of coverage:______________________Termination date: ______________

Coverage type: __Group (through employer) __Individual/private (obtained on own)

Coverage status: __Active __Retiree __COBRA Level of coverage: __Family __Individual

List family members covered: ____

Do you or any other family member <u>qualify</u> for coverage with any other entertainment industry health plan, regardless of whether or not you paid the premium for that coverage? __Yes __No

If yes, name of person who qualified for coverage: ______________________________

Name of other industry plan:______________________Qualifying person's ID number: ______________

Effective date of coverage:______________________Termination date: ______________

Coverage status: Active Retiree COBRA Level of coverage: Family Individual

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Participant signature Date

Please disregard this form if you have already returned a completed form to the Plan.

To complete this form online simply log in to your Benefits Manager at https://my.sagaftraplans.org/health. Click on Menu, Go Paperless, then Forms and Letters. If you have additional questions, please call us at (800) 777-4013.