Coordination of Benefits Form

Please fill out completely by typing or printing in ink

Wisconsin Health Fund maintains a "Coordination of Benefits" provision, which allows the Fund to verify other coverage which you or any of your covered dependents may currently have in force. This information is necessary to establish the order of payment when two or more Plans cover an individual.

Do you, your spouse, or any of your covered dependents have any other health, prescription, dental, or optical coverage provided through a current employer, former employer, stepparent, natural parent, retiree plan, or Medicare?

(Please check one) _____**YES** _____**NO**

If YES, please complete the information requested below. If NO, simply supply your 9 digit Member ID number and sign below.

Coverage, other than WHF, provided through (check all that apply):

___Current Employer ___Former Employer ___Stepparent ___Natural Parent

___Retiree Plan ___Medicare Part A, B, and/or D ___Medicare Supplement ___ Medicaid

Name & Address of Insurance Carrier:_____

_____Phone: (_____)_____

Name of Policyholder:_____

Policyholder's Social Security Number:_____Policyholder's Birthdate:_____

_____	_____	_____
Effective Date of Coverage	Group Number	Policy Number

Type of Coverage (check all that apply):

___Medical ___Prescription Drugs ___Dental ___Optical

___Family ___Single

Date of Termination (if applicable):_____

Name of all individuals covered under this policy:_____

_____

Provide copies of any health carrier identification cards, including Medicare.

I certify that the information given to the above questions is true and correct.

_____

Print Name

_____ _____

Signature of Member **Subscriber/Member Number (see ID card)**

Note: This form needs to be received by Wisconsin Health Fund in a timely manner. We do not accept faxes. All parts of this form must be completed to assure validity and to update eligibility. Please send completed forms to Wisconsin Health Fund, 1314 North Stoughton Road, Madison, WI 53714. If you have any questions regarding this form call WHF Customer Service at 1-888-208-8808.