

Coordination of Benefits Form

Please complete the information below and return this form to EBS Benefit Solutions, Inc. If you have questions regarding this form, please contact our Customer Service Department @ (315) 671-9894 or 800-803-5773.

Member Name: _____

Address: _____

Identification Number: _____

1. Does anyone have health insurance other than with EBS? YES NO If YES complete section A
2. Does anyone have Medicare (Part A or Parts A&B)? YES NO If YES complete section B
3. Does anyone have dental insurance other than with EBS? YES NO If YES complete section C
4. Does anyone have vision insurance other than with EBS? YES NO If YES complete section D

Section A: Health Insurance	Effective Date: _____	Term Date: _____
Policyholder's Name: _____	Date of Birth: _____	Policy Number: _____
Employers Name and Address: _____		

Other carriers Name and Address: _____		

Please list all members covered under this policy: _____		

Section B: Medicare – This section is to be completed only for Medicare (Part A or Parts A&B)
Name of person covered by Medicare: _____
Policy Number: _____
Effective Date: _____ Term Date: _____
Does this person have : Part A only _____ Parts A&B _____

Section C: Dental Insurance	Effective Date: _____	Term Date: _____
Policyholder's Name: _____	Date of Birth: _____	Policy Number: _____
Employers Name and Address: _____		

Other carriers Name and Address: _____		

Please list all members covered under this policy: _____		

Section D: Vision Insurance	Effective Date: _____	Term Date: _____
Policyholder's Name: _____	Date of Birth: _____	Policy Number: _____
Employers Name and Address: _____		

Other carriers Name and Address: _____		

Please list all members covered under this policy: _____		

I certify that the above information is true and correct. I understand that the purpose of this information is to assure appropriate coordination of benefits of all plans. If any of the above information changes, I will notify EBS Benefit Solutions, Inc.	
_____	_____
Signature of Member	Date