SHEET METAL WORKERS'
International Association • Local Union No. 73
4530 Roosevelt Road | Hillside, Illinois 60162 | 708.449.7373 | FAX 708.449.7333
Welfare, Pension and Annuity Funds

Annual Coordination of Benefits Form

Your insurance with Sheet Metal Workers' Local 73 Welfare Fund contains a Coordination of Benefits provision. Processing of claims submitted under your contract depends upon your response.

Section #1 - Information about You

Member's Name: _____ Member No.: _____
(Last) (First) (M.I.)

Home Address: _____ City: _____State: _____ Zip: _____

Preferred Phone #: _____ Email Address: _____

Section #2 - Information about Your Spouse

Name (Last, First): _____ Date of Birth_____

Section #3 – Other

Is your spouse ***or any other family member*** employed? ❑ No ❑ Yes

Besides being covered by Sheet Metal Workers' Local 73 Welfare Fund, are you, your spouse **or any other family member** currently covered by any other health insurance plan or Medicare or Medicaid?

❑ No (If "NO" skip to Section 5 below) ❑ Yes (If "YES" complete Sections 4 and 5)

Section #4 - Other Insurance Information

Please indicate below ***each family member*** covered by other insurance, the name of the other insurance carrier, who the policy holder is for that other insurance plan (this may be that same covered person or another parent or an adult child's spouse…) and the date the other insurance began. Please use the back side of this page if you need more room.

Name of Family Member with other coverage	Name of other Insurance (e.g., Aetna, Medicare, etc.)	Policy Holder's Name and relationship to covered person	Effective Date of other insurance

Section #5 – Signature

X_____ _____
Member's Signature (electronic signature ***not*** allowed) Date

Please return the form in the enclosed envelope or return to the address at the top of this form. It is your responsibility to inform the Fund Office of any changes which occur during the calendar year. Thank you.