ROOFERS LOCAL # 195
HEALTH, ACCIDENT & PENSION FUNDS

7706 Maltlage Drive • Liverpool, New York 13090 • Phone: (315) 699-1388 • Fax: (315) 699-1390

Dependent Child Coordination of Benefits Form

Section A:
Member Name: _____
Aetna member ID Number or Social Security Number: _____
Do any of your children have other health care coverage?
_____ No...please check this line and sign this form at bottom.
_____ Yes...please complete Sections B and C below and sign this form at bottom.

Section B:
Please complete this section concerning your child/ren's other ***medical*** coverage. *If all children have the same coverage, please list each child's name; if children have different coverage, please prepare a separate form for each child.*
_____ Child/ren is/are covered by another Aetna plan. ID Number:_____
_____ Child/ren is/are covered by another health insurance plan.
Name of other health insurance plan:_____
Policy ID & Group #:_____
Name of policyholder: _____Birth date_____
Name of employer:_____
Effective date of coverage: _____ Term Date (if cancelled):_____
Names of child/ren covered and birth date:
Child: _____
Child: _____
Child: _____
Child: _____
Child: _____

If divorced, which parent has primary, physical custody? _____ Mother _____ Father
Full name of Custodial Parent:_____
Address:_____
Phone:_____Email:_____

Thank you for completing this form, your responses will enable coordination of benefits so that medical claims will be processed properly.

Your signature: _____

Daytime Phone Number: _(_____)_____

Please submit copies of all Insurance Cards, Medicaid, and Medicare Cards, along with this completed form to: **Roofers Local #195 Fund Office, 7706 Maltlage Drive, Liverpool, NY 13090.**
Additional forms available at www.local195funds.org