

ALASKA UFCW HEALTH & WELFARE TRUST

Administered by Zenith American Solutions

12205 SW Tualatin Road, Suite 200

Tualatin, Oregon 97062

Fax- 1(503)505-7635

Email- AlaskaUFCWClaims@zenith-american.com

Forwarding Service Requested

RE: PARTICIPANT NAME: DATE(S) OF SERVICE:
 PATIENT NAME: CLAIM #:
 MEMBER ID#: PROVIDER NAME:

Coordination of Benefits Questionnaire

In order to process your claims correctly, the following information is needed. We appreciate your prompt and accurate reply. Failure to return this form will result in denial of claims.

1. Are you or any of your dependents covered by another **medical** insurance policy? No Yes
 If yes, please provide the following information:

Insured's Name	Group/Policy #
Insured's Date of Birth	Address
Other Insurance Carrier's Name	Phone
Type of Policy <input type="checkbox"/> Active Employer <input type="checkbox"/> Retiree <input type="checkbox"/> COBRA <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid	Name(s) of dependents covered and relationship to Insured.
Effective Date	If plan was active, but has since terminated, please provide the termination date

2. Are you or any of your dependents covered by another **dental** insurance policy? No Yes
 If yes, please provide the following information:

Insured's Name	Group/Policy #
Insured's Date of Birth	Address
Other Insurance Carrier's Name	Phone
Type of Policy <input type="checkbox"/> Active Employer <input type="checkbox"/> Retiree <input type="checkbox"/> COBRA <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid	Name(s) of dependents covered and relationship to Insured.

Effective Date	If plan was active, but has since terminated, please provide the termination date
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3. The following information is needed to determine which plan is Primary for dependent children whose parents are separated, divorced or who were never married.

If the above statement applies, please complete the following:

Is there a court mandate for anyone to provide health coverage?	If yes, who?	Relationship to child
Who has legal custody?	Relationship to child	
With whom does the child reside?	Relationship to child	

I certify that the foregoing statements are true and correct. I understand that future benefits will be based on my responses, and I am responsible for notifying this office if any changes occur.

Member's Signature	Date (mm/dd/yyyy)
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If you have any questions about this process or require assistance, you can also speak with a Claims/Customer Service Representative by calling 1-833-942-2315, Monday through Friday, 8:00 AM - 5:00 PM Pacific except on holidays.

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Claims & Customer Service