Co-ordination of Benefits

Date: _____

To: Group Insurance Administrator

From: RWAM Insurance Administrators Inc.

Group Name: _____ Group: _____ Division #: _____

Employee: _____ Certificate #: _____

When two or more benefit plans are involved, one plan is considered to be the primary plan. As a Plan Member, your claims should be processed through your RWAM Plan first. Any remaining balances can then be processed through the other insurance plan.

Please provide us with the following information so that co-ordination of benefits will be applied to future Extended Health Care and Dental claims.

Do you or your spouse have group coverage with another carrier? (complete Section A)

Are your eligible dependent children covered by another carrier? (complete Section B)

COORDINATION OF BENEFITS (COB)

CLHIA (Canadian Life & Health Insurance Association) has established industry guidelines defining how COB is applied. There are various factors that determine the order in which claims are paid.

CLAIMS FOR YOUR SPOUSE

- Your spouse's plan pays first.
- Your RWAM plan pays second.

CLAIMS FOR DEPENDENT CHILDREN

Families with joint or no custody arrangements:

- The plan of the biological parent with the earlier birth date (in the calendar year) pays first.
- The plan of the biological parent with the later birth date pays second.

Families with single/sole custody arrangements:

- The plan of the biological parent with custody of the dependent child pays first.
- The plan of the spouse (if applicable) of the biological parent with custody of the dependent child pays second.
- The plan of the biological parent not having custody of the dependent child pays third.

Post-Secondary Students (University/College)

- Student plans pay before any plan where the student is covered as a dependent.

Section A

Do you or your spouse have group coverage with another carrier?

Extended Health Care

Yes ☐ Name of Insurance Carrier _____

Name & Relationship of Policyholder _____

Effective Date _____

No ☐ Date Coverage Terminated (if applicable) _____

Dental

Yes ☐ Name of Insurance Carrier _____

Name & Relationship of Policyholder _____

Effective Date _____

No ☐ Date Coverage Terminated (if applicable) _____

Date _____ Employee Signature _____

Continued…

RWAM INSURANCE ADMINISTRATORS INC.

49 Industrial Dr. Elmira, Ontario N3B 3B1 ph. 1.877.888.7926 519.669.1632 fx. 519.669.1923 csr-groupadmin@rwam.com

Employee Name: _____ Certificate #: _____

Section B

Are your eligible dependent children covered by another carrier?

Name(s) of Dependent(s) _____

Type of custody arrangement (if applicable): Joint ☐ Single ☐
(If there is no formal custody arrangement, please indicate joint)

Date of birth of biological parents (yy/mm/dd) Mother _____ Father _____

Extended Health Care

Yes ☐ Name of Insurance Carrier _____

Name & Relationship of Policyholder _____

Effective Date _____

No ☐ Date Coverage Terminated (if applicable) _____

Dental

Yes ☐ Name of Insurance Carrier _____

Name & Relationship of Policyholder _____

Effective Date _____

No ☐ Date Coverage Terminated (if applicable) _____

If alternate arrangements exist for additional child(ren), please detail:

Name(s) of Dependent(s) _____

Type of custody arrangement (if applicable): Joint ☐ Single ☐
(If there is no formal custody arrangement, please indicate joint)

Date of birth of biological parents (yy/mm/dd) Mother _____ Father _____

Extended Health Care

Yes ☐ Name of Insurance Carrier _____

Name & Relationship of Policyholder _____

Effective Date _____

No ☐ Date Coverage Terminated (if applicable) _____

Dental

Yes ☐ Name of Insurance Carrier _____

Name & Relationship of Policyholder _____

Effective Date _____

No ☐ Date Coverage Terminated (if applicable) _____

Date _____ Employee Signature _____

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