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• www.ufcwnationalfund.org • UFCWFundSupport@ufcwnationalfund.org

COORDINATION OF BENEFITS EMPLOYER LETTER

Dear **Member:**

Please have your dependent's employer complete this questionnaire and return it to the address above. We suggest that you email the form to the employer, as it is a fillable PDF form. They can save the form and return it to you electronically.

Send the PDF form to us at UFCWFundSupport@ufcwnationalfund.org. We will process it and advise you if we have any questions.

Dear **Employer:**

Date:

As our plan has a coordination of benefits provision, we need the information on this form to determine the eligibility for our member's dependents. Please complete this questionnaire for your employee and return the completed form to our member.

Thank you for your cooperation.

Enter your answers in the space provided. The fields will expand to accommodate your answers.

| | | | | |
|--|--|------------------|-------------------------|--|
| 1. | UFCW Member's Name: | | | |
| 2. | Your Employee's Name: | | | |
| 3. | Do you offer medical coverage for employees at no cost ? | No | Yes | |
| 4. | Does this coverage provide for dependent's | No | Yes | |
| 5. | Does this coverage include vision and/or dental benefits? | No | Yes | |
| 6. | Does your employee receive any economic inducement, incentive, or benefit for waiving coverage? | No | Yes | |
| 7. | Does your employee receive any other contributions or a Flexible Spending Account that can be applied towards medical coverage premiums? If yes, please indicate the amount. | No | Yes | |
| | | 7a. | Amount: | |
| 8. | What is the cost of the health plans offered? | 8a. | Employee only coverage: | |
| | | 8b. | Family coverage: | |
| 9. | Are any excess credits or funds paid to the employee as taxable income? | No | Yes | |
| 10. | What is the employee's effective date of coverage? | | | |
| 10a. | The employee has: | Single Coverage: | Family Coverage: | |
| 11. | Employer Name, Address and Phone Number: <small>This space will expand as needed as you enter information in the form.</small> | | | |
| By typing your name in the signature space, you are confirming the accuracy of the data you entered. | | | | |
| 12. | Employer Signature: | 13. | Date: | |
| 14. | Title of signatory | | | |