IBEW
Fax (816) 943-0487

LOCAL UNION No. 124 I.B.E.W.
BENEFIT TRUST OFFICE
305 East 103rd Terrace
Kansas City, Missouri 64114
Log onto Website @ www.ibew124benefits.org

NECA
Telephone (816) 943-0277

Please help the IBEW 124 Benefits Center update our files by answering the questions below. This form is required so that we can process your medical and dental claims accurately. If you have any questions regarding this questionnaire, please contact the Benefits Center at 816-943-0277.

Please indicate if any of your dependents are covered by **another** group healthcare plan/program.

☐ YES-Complete the section below ☐ NO-If other insurance had been reported and is no longer active (send proof of termination)

If Yes, check all that apply:

☐ Medical ☐ Dental ☐ Routine Vision ☐ Prescription

☐ Single Coverage OR ☐ Family Coverage

☐ HSA PLAN – please verify if the other insurance plan has an HSA (health savings account)

☐ HIGH DEDUCTIBLE PLAN – please verify if the other insurance plan has a high deductible policy (deductible over $3000.00)

Policy Holder's Name Relationship Date of Birth Employer Name

Name of Other Insurance Company Group/Policy Number Effective Date

IBEW Member Name/DOB/ID or SSN_____

Name(s) and Date of Birth of the dependents covered under the other insurance.

Signature and Date _____

***Please mail or Email this form and a copy of your other coverage insurance card to nash@ibew124benefits.org . For questions regarding how to email this document, please contact the Benefits Office at 816-943-0277 ext.230.**