

ELECTRICAL WORKERS LOCAL 369

BENEFIT AND RETIREMENT FUND

906 MINOMA AVENUE
LOUISVILLE, KY 40217

PHONE: 502-635-2611
FAX: 502-637-3444
TOLL FREE: 800-427-2495

Dear Member:

The fund office is in the process of updating records as it relates to General Coordination and Non-Duplication of Benefits coverage. Please refer to pages 51 and 52 of the Summary Plan Description (SPD) for details regarding coverage.

Please complete the sections below and return to us via mail, fax or email:

906 Minoma Ave.
Louisville, KY 40217
FAX: 502-637-3444
Email: 369memberhelp@369benefits.com

Your immediate response is required.

Do you or your spouse have any other Group Health Benefit Coverage? YES _____
If yes, please complete the following: NO _____

1. Name of Group Policy and effective date _____
 - a. Name of Insurance Carrier _____
 - b. Name of Policy Holder _____
 - c. Policy Number _____
 - d. Coverage Identification (please check one) Employee Only _____
Family Coverage _____

Other coverage, please explain _____

2. Does this other plan include Group Dental Benefit Coverage? YES _____
NO _____
 - a. Name of Group Policy and effective date _____
 - b. Name of Insurance Carrier _____
 - c. Name of Policy Holder _____
 - d. Policy Number _____
 - e. Coverage Identification (please check one) Employee Only _____
Family Coverage _____

Other coverage, please explain _____

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Participant Signature _____ Date: _____

Participant Name (Please Print) _____ Last 4 digits of SS#: _____