

# Coordination of Benefits (COB) for Retiree Health Coverage

## Retiree Information

Name

Retiree ID

Date of Birth

Address

## Other Health Coverage

Is there other health coverage?

Other Coverage Provider Name

Policy Number

## Medicare Information

Medicare Number

Enrollment Date

Parts Enrolled (A, B, etc.)

## Covered Dependents

Name	Relationship	Date of Birth	Other Coverage

# Additional Information

Comments or Notes