



Send completed form to: [csr-groupadmin@rwam.com](mailto:csr-groupadmin@rwam.com)

## EMPLOYEE

Date	Group Name	Group #	Div.
Employee	Certificate #		

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

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.

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

Spouse - Do you or your spouse have group coverage with another carrier? (complete Spousal section and sign below)

Children - Are your eligible dependent children covered by another carrier? (complete Dependent Children section and sign below)

## CLAIMS FOR YOUR SPOUSE

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

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

Extended Health Care (EHC)      Yes      No  
 Dental                                      Yes      No

If 'Yes'	Name of Insurance Carrier	Coverage through (Name)	Effective Date (yyyy/mm/dd)
If 'No'	Date Coverage Terminated		
Detail if coverage differs between EHC & Dental			

## 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.

Name of Dependent(s) (First & Last Names)	
Date of Birth – Biological Mother (yyyy/mm/dd)	Date of Birth – Biological Father (yyyy/mm/dd)

Type of custody arrangement – If there is no formal custody arrangement, please indicate 'Joint'      Joint      Single

Do your eligible dependent children with alternate arrangements have group insurance coverage with another carrier?

Extended Health Care (EHC)      Yes      No  
 Dental                                      Yes      No

If 'Yes'	Name of Insurance Carrier	Effective Date (yyyy/mm/dd)
	Coverage Through (Name)	Relationship to Dependent Child
If 'No'	Date Coverage Terminated	
Detail if coverage differs between EHC & Dental		

## Alternate Arrangements for Dependent Children – Please complete if other arrangements exist for additional child(ren). Complete additional form if necessary.

Name of Dependent(s) (First & Last Names)	
Date of Birth – Biological Mother (yyyy/mm/dd)	Date of Birth – Biological Father (yyyy/mm/dd)

Type of custody arrangement - If there is no formal custody arrangement, please indicate 'Joint'      Joint      Single

Do your eligible dependent children with alternate arrangements have group insurance coverage with another carrier?

Extended Health Care (EHC)      Yes      No  
 Dental                                      Yes      No

If 'Yes'	Name of Insurance Carrier	Effective Date (yyyy/mm/dd)
	Coverage Through (Name)	Relationship to Dependent Child
If 'No'	Date Coverage Terminated	
Detail if coverage differs between EHC & Dental		

## EMPLOYEE SIGNATURE

Signature	Date
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