DGA-PRODUCER PENSION & HEALTH

COORDINATION OF BENEFITS FORM ("COB")

CURRENT BENEFIT PERIOD: _____ to _____

All participants must submit this form periodically, which enables the Health Plan to coordinate your claims with other health insurance. **You must return this form to the Health Plan, even if you do not have other insurance.** Additionally, at any point your and/or your dependents' coverage with another insurer changes or terminates, even if such a change occurs in the middle of your benefit period, you must submit a new COB form to the Health Plan. In cases of coverage termination, you must submit a copy of the termination notice from the other insurer along with a new COB form. If you have more than one insurance plan, please use one COB form for each plan.

You can return this form via the myPHP **online benefits portal** (To register, have your Plan ID number ready and visit dgaplans.org/myPHP.), mail to **DGA–Producer Health Plan, Attn: Eligibility, 5055 Wilshire Blvd, Ste. 600, Los Angeles, CA 90036**, fax to **(323) 866-2399**, or email to **Eligibility@dgaplans.org**.

1) Participant Information (all information required)

Participant Name	
Daytime Phone	Plan ID#
Date of Birth	Last 4 Digits of SSN

2) Coverage Questionnaire

❑ Yes ❑ No	Are you or any of your dependents covered by any other health insurance plan, including group insurance, individual insurance or medical service plans?
❑ Yes ❑ No	Are you or any of your dependents covered by Medicare?
❑ Yes ❑ No	Are you and/or any of your dependent(s) eligible for **earned active coverage** with SAG-AFTRA, MPI, WGA and/or any other entertainment industry plan, regardless of whether you have paid a premium? Earned active coverage refers to coverage resulting from recent work performed, which qualifies you for health coverage. It does not include coverage resulting from residual earnings, carryover credits or self-pay coverage like COBRA. If you and/or your covered dependent(s) are eligible for earned active coverage that requires a premium with another entertainment industry plan, you should pay the premium, as the Health Plan will continue to maintain its secondary position on your health claims, as if you had paid the premium and were receiving full coverage from the other plan.

STOP **If you answered YES to any of the questions above, please provide the following information for each plan.**

Participant	**Dependent [Spouse/Child(ren)]**
Type of Plan ❑ Group ❑ Individual/Private ❑ Medicare	Type of Plan ❑ Group ❑ Individual/Private ❑ Medicare
Name of Insured	Name of Insured
You do not need to fill in the following fields for Medicare coverage.	
Name of Insurance Plan	Name of Insurance Plan
Plan Phone Number	Plan Phone Number
Policy Number	Policy Number
Policy Effective Date **Earliest date** with no break in coverage.	Policy Effective Date **Earliest date** with no break in coverage.
Fill in below for employer group plans only, NOT for multi-employer plans like the WGA or SAG-AFTRA.	
Name of Employer	Name of Employer

3) Signature

I hereby certify that the information on this form is correct. I understand that I must contact the Health Plan when I and/or any of my covered dependent(s) become covered under another health insurance plan.

Participant Signature **X**	Date

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ADDITIONAL INFORMATION YOU NEED TO KNOW ABOUT COORDINATION OF BENEFITS

You are also responsible for sending an updated COB form whenever coverage status changes for you and/or your covered dependent(s), such as when obtaining or losing coverage with another plan or becoming eligible for additional earned coverage with another industry plan, even if you choose not to accept that coverage. You must submit an updated COB to the Health Plan immediately when such changes occur as they may happen outside of your Health Plan open enrollment period. If your updated COB form indicates a loss of coverage, you must also include the termination notice for the other carrier that indicates the date coverage ended.

In cases when you or your covered dependent(s) become eligible for primary, active coverage with another entertainment industry health plan, whether or not you choose to pay any premiums applicable for that coverage, the Health Plan will maintain its coordination of benefits position as if you have accepted the additional coverage and calculate your benefits accordingly. When the Health Plan is the secondary insurer, it will pay claims at up to 20% of the allowable charges. This rule ensures that the plan you have the longest with no break in coverage maintains its position as the primary insurer.

If you do experience a change in coverage and do not inform the Health Plan, you may be responsible for reimbursing the Health Plan for any overpayments. To prevent the recovery of any overpayments, it is important to keep your COB status updated with the Health Plan whenever your coverage status changes for you and/or your covered dependent(s).

For questions or additional information, please contact the Eligibility Department at (877) 866-2200, Ext. 502.