

At least once a year, every participant must submit this form, 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** and at any point your or your dependents' coverage with another insurer changes or terminates, even if such a change occurs in the middle of your benefit period. 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 other plan, please use one form for each plan.

Return this form by mail to **DGA-Producer Health Plan, Attn: Eligibility, 5055 Wilshire Blvd, Ste. 600, Los Angeles, CA 90036**, by fax to **(323) 866-2399** or by email to **Eligibility@dgaplans.org**. For questions, call us at (877) 866-2200, ext. 502.

1) Participant Information (All information required.)

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

2) Coverage Questionnaire

<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you or any of your dependents covered by any other health insurance plan, including group insurance, individual insurance or medical service plans?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you or any of your dependents covered by Medicare?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you or any of your dependents eligible for earned active coverage with another entertainment industry plan, regardless of whether you have paid a premium? Earned active coverage refers to coverage resulting from recent work performed. It does not include coverage resulting from residual earnings, carryover credits or self-pay coverage like COBRA. If you or your dependents are eligible for earned active coverage that requires a premium with another entertainment industry plan, you should pay the premium, since we will continue to maintain our 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 for each plan:

Participant	Dependent [Spouse/Child(ren)]
Type of Plan: <input type="checkbox"/> Group <input type="checkbox"/> Individual/Private <input type="checkbox"/> Medicare	Type of Plan: <input type="checkbox"/> Group <input type="checkbox"/> Individual/Private <input type="checkbox"/> 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 or any of my dependents 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 or your covered dependents, 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've had 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 Plans, you may be responsible for reimbursing the Health Plan for any overpayments. So, be sure to keep your COB status updated with the Health Plan.
