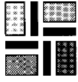

Employee Benefit Funds Administration Ltd.

Electrical Industry Insurance Benefit Trust Fund of Alberta
#200, 4224 – 93 Street, Edmonton, Alberta T6E 5P5
Phone: (780) 465-EBFA (780) 465-3232 (780) 465-2882
Toll Free 1-800-268-3649
Facsimile: (780) 465-0808

Coordination of Benefits Statement

Plan Member's Information

____

Plan Member's Last Name, First Name: EBFA Stakeholder Number:

Plan Member's Other Coverage:

- ☐ Other employer coverage
- ☐ Retiree coverage
- ☐ Personal coverage

Policy Holder Name:___________________________ Name of Insurance Company:____________________________

Start Date:_________________________ End Date:_______________________

Please place a check mark in the following boxes if you have Coverage with the above-named insurance carrier for the following:

- ☐ Prescription Drugs ☐ Single ☐ Family
- ☐ Dental ☐ Single ☐ Family
- ☐ Vision ☐ Single ☐ Family
- ☐ Extended Health Care ☐ Single ☐ Family

Spouse's Coverage (includes Common Law)

Policy Holder Name: __________________________ Name of Insurance Company: ___________________________

Start Date: ________________________ End Date:________________________

Please place a check mark in the following boxes if you have Coverage with the above-named insurance carrier for the following:

- ☐ Prescription Drugs ☐ Single ☐ Family
- ☐ Dental ☐ Single ☐ Family
- ☐ Vision ☐ Single ☐ Family
- ☐ Extended Health Care ☐ Single ☐ Family

Other Coverage (i.e post-secondary school insurance, another parents coverage etc.)

Policy Holder Name: __________________________ Name of Insurance Company: ___________________________

Start Date: ________________________ End Date:________________________

Please place a check mark in the following boxes if you have Coverage with the above-named insurance carrier for the following:

- ☐ Prescription Drugs ☐ Single ☐ Family
- ☐ Dental ☐ Single ☐ Family
- ☐ Vision ☐ Single ☐ Family
- ☐ Extended Health Care ☐ Single ☐ Family

Plan Member's Signature: ____ Date: __________________________