

CITY OF PHILADELPHIA SCHOOL CROSSING GUARD

Non-Duplication of Benefits Form

Personnel Department - Benefits Administration - 1401 J. F. K. Blvd., 15th Fl.

(Page 1 of 3)

1. EMPLOYEE INFORMATION						
Last Name, First Name, MI		Social Security Number		Payroll Number		
Home Address				Apt. No.		
City, State				Zip Code		
2. EMPLOYEE INSURANCE COVERAGE						
Plan (Check one)			<u>Coverage Level</u>			
_____ City _____ D.C. 33 _____ No Coverage			_____ Single _____ Head of Household (See Note #1)			
List all family members covered by the above policy						
Last Name	First Name	MI	SEX		BIRTHDATE MO/DAY/YEAR	SOCIAL SECURITY NUMBER
SPOUSE			M	F		
OLDEST CHILD			M	F		
CHILD			M	F		
CHILD			M	F		
CHILD			M	F		
CHILD			M	F		
3. OTHER INSURANCE						
Is your spouse employed? _____ Yes _____ No			If yes, give name and address of spouse's employer			
Does your spouse have Health Insurance? _____ Yes _____ No			If yes, please give name and policy number of insurance carrier Are you covered under this plan? _____ Yes _____ No If no, are you eligible for coverage under your spouse's plan? _____ Yes _____ No When is the earliest date you could enroll in this plan? Date _____			
Are you or your family members covered by any other health insurance not listed above? _____ Yes _____ No						
If yes, give name and policy number of insurance carrier and circle family members covered.						

SCHOOL CROSSING GUARD
Non-Duplication of Benefits Form

(Page 2 of 3)

4. OTHER INSURANCE BENEFITS

If you have insurance coverage from any source other than the District Council 33 Health & Welfare Fund, you must answer the questions below.

A. Does the other insurance coverage include dental benefits?

Yes No
(See Note #2)

B. Does the other insurance coverage include prescription benefits?

Yes No
(See Note #2)

C. (1) Does the other insurance coverage have a deductible?

Yes No
(See Note #2)

If yes, how much? _____

How much did you actually pay last year? *(Provide receipts to substantiate)*

(2) Does the other insurance coverage have an annual co-pay (out-of-pocket in addition to the deductible)?

Yes No
(See Note #3)

If yes, how much? _____

How much did you actually pay last year? *(Provide receipts to substantiate)*

D. Does the other insurance coverage provide benefits for hospitalization only (no out-patient tests/services or doctor's office visits)?

Yes No
(See Note #2)

E. Were any expenses listed in C1, C2 or D reimbursed from any other source (major medical coverage, spending accounts, etc.)?

Yes No
(Provide details)

F. Does the other insurance coverage pay for services rendered by medical providers in the Philadelphia area?

Yes No

(Indicate how many miles from Philadelphia you must travel for routine service.)

G. Do you anticipate that your coverage under the other insurance coverage will end?

Yes No

SCHOOL CROSSING GUARD

Non-Duplication of Benefits Form

(Page 3 of 3)

5. MARTIAL STATUS

Married

Divorced.

Widowed

Single, never married

If you are or were married, does your spouse provide any health insurance for you or your dependants?

Yes

No

If yes, you must fill out the questions in Section 4.

NOTES:

- (1) Those claiming Head of Household must supply documentation. Internal Revenue Service Certificates of tax filing status is preferred. (This certification can be obtained by visiting The I.R. S. at 6th & Arch Streets or calling (215) 574-9900). If head of Household status is Within the last year or no tax returns were required to be filed, divorce decrees, spouse's death Certificate, social security determination of spouse's disability and/or welfare eligibility letters Will be accepted as appropriate.
- (2) Provide a letter from spouse's employer or a copy of the medical policy with appropriate Exclusions circled.
- (3) Provide a letter from spouse's employer or medical policy with deductible or co-pay circled.

I.R.S #

1-800-829-1040

6. EMPLOYEE SIGNATURE

I represent that all the information provided on this form is true and complete.

Employee Signature _____ Date _____

Data subject to Verification. The furnishing of incorrect information is considered fraud and grounds of disciplinary action.