

TELECOMMUNICATION WORKERS BENEFIT PLAN

SHAW - PART D CATV GROUP

#303 – 4603 Kingsway, Burnaby, BC V5H 4M4
430-3300 Fax: 430-5395

CO-ORDINATION OF BENEFITS FORM

Member's Name: _____ Spouse: _____

SIN _____ ID _____

Is your spouse currently covered by another Health Plan/Group Insurance Plan?

If yes, please advise us of the name of the other insuring agency or Plan.

_____ Policy/Plan No.: _____

ID No. _____

Spouse's Date of Birth: _____