

# University of Washington Student Health Insurance Plan



Welfare & Pension Administration Service, Inc.

P. O. Box 34600 • Seattle, Washington 98124-1600

Claims Dept. (206) 374-9439 or (866) 535-8503 • Fax (206) 441-9110

## Other Insurance Form

Name (first name, middle initial, last name): \_\_\_\_\_

Address (street address, city, state and zip code): \_\_\_\_\_

Student ID Number: \_\_\_\_\_

### **'IMMEDIATE ACTION IS REQUIRED'**

Your medical coverage with the University of Washington requires that we consider other medical coverage that might be available to you. You must complete this form and return to us at the above address. **This reply must be in writing, we cannot take this information over the phone.**

Aside from your coverage with the University of Washington Student Health Insurance Plan and any family members also enrolled in the Plan, do you or any of those family members have any other group health insurance?  No  Yes

**If no, please complete Section 2 ONLY and return this form to the above address.**

### **Section 1 (Other Insurance Information):**

Name of Other Insurance Company: \_\_\_\_\_

Address of Other Insurance Company: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Telephone number: \_\_\_\_\_ Name of insured: \_\_\_\_\_

Insured's birth date: \_\_\_\_\_ Policy #: \_\_\_\_\_ Insured's SSN: \_\_\_\_\_

Effective date of coverage: \_\_\_\_\_ Is this active, cobra or retiree coverage? \_\_\_\_\_

Above policy is for:  Medical  Dental  Vision

Above policy covers:  Member  Spouse/Domestic Partner  Dependent Child(ren)

Name of group or employer this coverage is through: \_\_\_\_\_

If the coverage has since terminated, please indicate the date coverage ended: \_\_\_\_\_

If you or your dependents are covered by more than one plan please indicate the name and address of other insurance carrier. Include that member's name, policy and group number. Use the reverse side of this form if needed.

### **Section 2 (Signature):**

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

If you have any questions regarding this form, please contact WPAS at 206-374-9439 or by email at studentinsurance@wpas-inc.com.