



Group Administrators, Ltd.

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www.groupadministrators.com

Specialists In:

- Health Insurance
- Claim Processing
- Cafeteria Plans
- COBRA Administration

Coordination of Benefits Form

Please fill out the information below and return to Group Administrators, Ltd. at the address above. Failure to return this completed form could result in a delay in claim processing.

What is the purpose of a COB form?

A way to figure out who pays first when 2 or more health insurance plans are responsible for paying the same medical claim.

Employee Information			
Employee Name (Last, First, MI)		Social Security or ID Number	
Address	City	State	Zip
Phone Number	Email Address:		

Do any of your dependents (Spouse, Children) have other medical or dental insurance? **Yes** **No**
If yes, please fill out information below:

Name (First Last)	Insurance type (Medical, Dental)	Relationship to Employee	Insurance Name

Signature Date

If you have any questions, please contact Group Administrators at (847) 519-1880.