IBIS 125-Flex *Advantage* Plan
Coordination of Benefits Form

Return to: 105/125 Department
800.258.1415 phone
515.286.4244 fax

Iowa Bankers Insurance & Services, Inc
PO Box 6210
Johnston, IA 50131

COMPLETE this form **ONLY if** you have **more than one health carrier** for you, your spouse or dependent

Employer Name/Location	Billing/Routing Number	*Check One: ☐ New Election ☐ Renewal Election
Employee Last Name	Employee First Name	
PO Box	Street Address	Social Security Number
City	State/zip	Employee Date of Birth
Email Address		Spouse Date of Birth

Spouse Coverage Information

Does your spouse or dependents have other health insurance? If yes, complete the following:

Coverage type: ☐ Single ☐ Family Plan Type: ☐ Health ☐ Dental Effective Date: _____

Medicare: ☐ Yes ☐ No Effective Date:_____ Social Security Disabled: ☐ Yes ☐ No Effective Date: _____

Spouse's Name: _____
Last First MI

Employer:_____ ID #_____

Carrier Name:_____

Dependent Coverage Information

Name: _____
Last First MI

Primary Insured if other that Spouse:_____

Employer:_____ ID #_____

Carrier Name:_____

Name: _____
Last First MI

Primary Insured if other that Spouse:_____

Employer:_____ ID #_____

Carrier Name:_____

Name: _____
Last First MI

Primary Insured if other that Spouse:_____

Employer:_____ ID #_____

Carrier Name:_____

Signature:_____ Date:_____

This information is complete and accurate to the best of my knowledge, to date. I will update IBIS of any changes in the plan information as soon as they occur.