



CHRISTIAN BROTHERS SERVICES

1205 Windham Parkway
Romeoville, IL 60446-1679

Health Benefit Services

630.378.2900 • 800.807.0100 • 630.378.2504 fax
info@cbservices.org • cbservices.org

OTHER COVERAGE INFORMATION FOR OTHER NATURAL PARENT

Name of Child: _____

Insured's Name & ID#: _____

Charges for this child are pending the receipt of your answers to the following questions:

1) Name of child's Other Natural Parent: _____

Other Natural Parent's Address: _____

2) Other Natural Parent's Employer: _____

Employer Address: _____

Employer Phone Number: _____

3) Does this child's Other Natural Parent carry any health coverage?:

Yes _____ No _____ *(If Yes, please complete the following):*

Carrier Name: _____

Carrier Phone Number: _____

Other Natural Parent's Social Security Number: _____

Policy Number: _____

4) Is there any legal agreement as to financial or health coverage responsibility between you and this child's Other Natural Parent?: Yes _____ No _____

(If Yes, please include a copy of the agreement in your return correspondence.)

5) Does this child have any other health coverage?: Yes _____ No _____
(If Yes, please complete the following):

Name, address and phone number of carrier: _____

What is the effective date of this coverage?: _____

It is important that you respond as quickly as possible to the above questions. Please return completed form with signature and date by mail to Christian Brothers Employee Benefit Services, 1205 Windham Parkway, Romeoville, IL 60446. Or you can fax the form to us at 630-378-2504. Thank you for your assistance. If you have any questions, please call our Customer Service Department at #1-800-807-0400.