



CHRISTIAN BROTHERS SERVICES

1205 Windham Parkway
Romeoville, IL 60446-1679

Employee Benefit Services
630.378.2900 • 800.807.0400 • 630.378.2504 fax
info@cbservices.org • cbservices.org

OTHER COVERAGE UPDATE

EMPLOYEE NAME & SOCIAL SECURITY # _____

The information below will be used to update your other coverage information, if any exists. We must have updated information so that we don't miscalculate or delay future benefits. Please respond as soon as possible.

Please circle one of the following categories and provide the requested information if it applies.

Laity: Retired Divorced Single Married
(Spouse's Name) _____
(Spouse's SS#) _____
(Spouse's Date of Birth) _____

Religious: Active Retired (Please disregard any further reference to spouse/children).

Do you have any additional employers? **YES** **NO** If yes, please provide name, address, area code/phone number.

Do you or any covered children have any other coverage? **YES** **NO** If yes, please provide name, address, area code/phone number.
[Medical, Dental, Vision]

Is Your Spouse Employed? **YES** **NO** If yes, employer's name, address, area code/phone number.

Does your Spouse have Other Coverage? **YES** **NO** If yes, carrier's name, address, area code/phone number.
[Medical, Dental, Vision]

Signature/Date _____

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.