



**LAKE ERIE REGIONAL COUNCIL**

1885 Lake Avenue, Elyria, Ohio 44035

440-324-5777

Fax: 440-324-4485

**OTHER INSURANCE COVERAGE**

**EMPLOYEE INFORMATION**

<b>FULL NAME</b>		<b>SOCIAL SECURITY #</b>	
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I or other family members have other insurance.  
(This includes coverage with another LERC School District or any other plan)

**OTHER CARRIER INFORMATION**

<b>INSURANCE CARRIER</b>	
<b>EMPLOYER</b>	
<b>NAME OF INSURED</b>	
<b>EFFECTIVE DATE</b>	

**LIST INDIVIDUALS COVERED UNDER THE OTHER PLAN**

<b>DEPENDENT</b>	<b>LAST NAME (if different)</b>	<b>FIRST NAME</b>	<b>MEDICAL</b>	<b>RX</b>	<b>DENTAL</b>	<b>VISION</b>	<b>PRIMARY YES/NO</b>
Self							
Spouse							
Dependent							
Dependent							
Dependent							
Dependent							
Dependent							
Dependent							
Dependent							
Dependent							
Dependent							

\_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TREASURER/DESIGNEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_