

OPERATING ENGINEERS TRUST FUNDS

I.U.O.E. LOCAL 12 HEALTH & WELFARE / PENSION / VACATION / TRAINING

100 CORSON STREET, SUITE 100 • PASADENA, CALIFORNIA 91103 • (866) 400-5200
 P.O. BOX 7063, PASADENA, CALIFORNIA 91109
 TTY: (626) 356-3582 WEBSITE: www.oefi.org



Operating Engineers Health and Welfare Fund Medical Plan Choice Form

| Participant's Information | | | |
|---|---------------------|---------------------------------|----------|
| Social Security Number / OE ID | | Date of Birth ____/____/____ | |
| Last Name | First Name | Middle Initial | |
| Mailing Address /Contact Information | | | |
| It is very important that the Fund Office has, in addition to your mailing address, a record of your current physical address on file. Your physical address is important for Plan enrollment. The Fund office will continue to send communications to the mailing address you specify, not the physical address, if they are different. | | | |
| Street Address | | | |
| City | | State | ZIP Code |
| Home Phone Number | Mobile Phone Number | Email Address | |
| Physical Address (please complete if applicable) | | | |
| Street Address | | | |
| City | | State | ZIP Code |
| Signature (required) If this a new address, please check here <input type="checkbox"/> , sign and date form | | | |
| X | | Date ____/____/____ | |

Please send the following information:

- Kaiser Permanente Packet (CA only)
- Anthem Blue Cross HMO Packet (CA only & Non-Medicare Primaries only)
- Health Plan of Nevada Packet (NV only & Non-Medicare Primary Insureds only)
- Delta Dental PMI Plan Packet (CA and NV only)
- United Concordia Dental Plan Packet DPPO
- United Concordia Dental Plan Packet DHMO (CA only)

Retirees Only

- Kaiser Medicare Advantage HMO Plan (CA Only)
- United HealthCare Medicare Advantage PPO Plan

Please return form to:

Operating Engineers Health & Welfare Fund, PO Box 7067, Pasadena, CA 91109
 or FAX to (626) 796-6432