OPERATING ENGINEERS TRUST FUNDS

I.U.O.E. LOCAL 12 HEALTH AND WELFARE / PENSION / VACATION / DCP

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 Plan Change Form

Participant's Information						
Social Security Number / OE ID				Date of B	irth /	
Last Name			First Name		/.	/ Middle Initial
Last Name			First Name			iviluale illitiai
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						
					1 -	
City					State	ZIP Code
Home Phone Number Mobile Phone Number Email Address						
nome Phone Number		Wildlife Filorie Number				
Physical Address (please complete if applicable)						
Street Address						
City				State	ZIP Code	
Signature (required) If this a new address, please check here \Box , sign and date form						
Effective Month of Change**					Date Signed	
/	X				/	/
**Please make sure you have selected the month/year you would like this change to be effective, have provided a current						
method to contact you and have signed and dated the form. Thank you.						
Law commonths appelled in the following Medical HMO:						
I am currently enrolled in the following Medical HMO: ☐ Kaiser Permanente (CA only)						
☐ Anthem Blue Cross HMO (CA only & Non-Medicare Primaries only)						
☐ Health Plan of Nevada Packet (NV only & Non-Medicare Primary Insureds only)						
I would like to be enrolled in the Fund Office PPO:						
☐ Anthem Blue Cross PPO						
I am currently enrolled in the following Dental PPO/HMO:						
□ Delta Dental PMI Plan (CA and NV only)□ United Concordia Dental Plan DPPO						
☐ United Concordia Dental Plan DHMO (CA only)						
☐ Western Dental-MIB (CA only)						
I would like to be enrolled in the Fund Office Dental Plan (Panel):						
☐ Operating Engineers Dental PPO Plan						
Please return form to:						

Operating Engineers Health and Welfare Fund, PO Box 7067, Pasadena, CA 91109 or FAX to (626) 356-3534 or email to customerservice@oefi.org