

# OPERATING ENGINEERS TRUST FUNDS

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

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## Operating Engineers Health and Welfare Fund 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 <b>mailing address</b> 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)
- Western Dental-MIB (CA only)

### Retirees Only-

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

### Please return form to:

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