



INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 4
Health and Welfare Fund

ENROLLMENT FORM
FOR BRIDGE PLAN

This **optional** Bridge Plan is offered to a member who earns coverage under the Supplemental Plan.

The Bridge Plan must be elected as of the same date the member is eligible for Supplemental Benefits. Absent the premium payment for the Bridge Plan it will be assumed that Bridge coverage is declined and will not be available again this plan year.

The monthly cost of the Bridge Plan is \$322.65

It covers the member and all eligible dependents. Benefits include Dental and a higher level of Prescription coverage than is provided under the Supplemental Benefits Plan. Additional benefits available under the Bridge Plan for the member are Hearing, Life Insurance, Vision, AD&D and Loss of Time.

Member Name: _____ SSN: _____

CIRCLE ONE

I (elect)/ (decline) to purchase Bridge Plan coverage under the IUOE Local 4 Health & Welfare Plan.

I have read and understand this will be the only time the Bridge Plan is offered to me this plan year. Absent the premium payment it will be assumed that I decline coverage under the Bridge Plan. The monthly premium of \$322.65 is due the 20th of each month. Failure to pay premiums in a timely manner can result in a break in coverage or termination of coverage.

Please make checks payable to: IUOE Local 4 Health & Welfare.

Member Signature

Date

16 Trotter Drive
P.O. Box 660
Medway, MA 02053-0660

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www.local4funds.org