



INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 4
Health and Welfare, Pension, and Annuity Funds

ENROLLMENT FORM
FOR BRIDGE BUY-IN PLAN

The **optional** Bridge Buy-In Plan is offered to members who earn coverage under the Supplemental A Benefits Plan. Electing the Bridge Buy-In Plan enables members to obtain the full benefits package available under the Basic A Benefits Plan.

The Bridge Buy-In Plan must be elected as of the same date the member is eligible for and begins coverage under the Supplemental A Benefits Plan. Absent the timely premium payment for the Bridge Buy-In Plan, it will be assumed that Bridge coverage is declined and will not be available for purchase this Plan Year (March 1, 2026 – February 28, 2027).

The monthly cost of the Bridge Buy-In Plan is \$451.79

The Bridge Buy-In Plan covers the member and all his/her eligible dependents. In addition to medical coverage, benefits include dental and a higher level of prescription coverage than is provided under the Supplemental Benefits Plans. Additional benefits include vision, hearing, life insurance, AD&D and Weekly Accident & Sickness Benefits (Loss of Time).

Member Name: _____ SSN: _____

CIRCLE ONE BELOW:

I **(Elect)** / **(Decline)** to purchase Bridge Buy-In Plan coverage under the IUOE Local 4 Health & Welfare Plan.

I have read and understand this will be the only time the Bridge Buy-In 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 \$451.79, payable by check only, will be due by the first day of each month for which coverage is provided. Failure to pay premiums in a timely manner may result in a break in coverage or termination of coverage.

Please return this completed Enrollment Form, and your initial payment to:
 IUOE Local 4 Health & Welfare Plan, PO Box 680, Medway, MA 02053-0680.

Please make checks payable to: **IUOE Local 4 Health & Welfare Plan**. Questions may be directed to the Health & Welfare Eligibility Department at 508-533-1400, option 3.

Member Signature: _____ Date: _____

Phone Number: _____

16 Trotter Drive
 P.O. Box 680
 Medway, MA 02053-0680

TEL (508) 533-1400
FAX (508) 533-1425
 1-888-486-3524

www.local4funds.org