

# OPERATING ENGINEERS TRUST FUNDS

**I.U.O.E. LOCAL 12 HEALTH & 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 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			
Effective Month/Year** ____/____	Signature x	Date Signed ____/____/____	

\*\*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.

**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 HMO:**

- Delta Dental PMI Plan (CA and NV only)
- United Concordia Dental Plan DPPO
- United Concordia Dental Plan DHMO (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 & Welfare Fund, PO Box 7067, Pasadena, CA 91109  
 or FAX to (626) 356-3534