



HARRISON TRUST
A FAMILY HEALTH PLAN
WWW.HARRISONBENEFITS.ORG

MEDICARE RETIREE REQUEST FORM

To receive an **enrollment packet** for any of the plans offered by the Trust, please check the appropriate box below and mail it to the following office by November 17, 2025 or call the Trust Office.

**Harrison Electrical Workers Trust
PMB #116, 5331 S Macadam Ave, #258
Portland, Oregon 97239**

An **enrollment packet** with enrollment form will be mailed to you for each plan you request.

- | | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Kaiser Dental |
| <input type="checkbox"/> | Kaiser Permanente |
| <input type="checkbox"/> | PacificSource |
| <input type="checkbox"/> | Providence Align |
| <input type="checkbox"/> | Providence Discover HMO + Rx |
| <input type="checkbox"/> | Regence Medadvantage- Classic |
| <input type="checkbox"/> | Regence Medadvantage- Enhanced |
| <input type="checkbox"/> | United American- RetireeFirst |
| <input type="checkbox"/> | Willamette Dental |

Name

ID#

Address

Phone #

Retiree's Signature

THIS IS NOT AN ENROLLMENT FORM!