NECA IBEW
LEADING THE ELECTRICAL INDUSTRY

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, 2026 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.

- ☐ **Kaiser Dental**
- ☐ **Kaiser Permanente**
- ☐ **PacificSource**
- ☐ **Regence Medadvantage- Classic**
- ☐ **Regence Medadvantage- Enhanced**
- ☐ **United American- RetireeFirst**
- ☐ **Willamette Dental**

_____ _____
Name **ID#**

_____ _____
Address **Phone #**

_____
Retiree's Signature

THIS IS NOT AN ENROLLMENT FORM!