IBEW 125 - PGE
HEALTH & WELFARE TRUST

2026 BENEFITS OPEN ENROLLMENT AND DEPENDENT ADD/REMOVE FORM

RETIREES AGE 65 AND OLDER WHO HAVE DEPENDENTS UNDER AGE 65 AND NOT ELIGIBLE FOR MEDICARE (ELIGIBLE FOR EARLY RETIREE PLAN)

Complete this form to elect or waive a medical plan, dental and vision (bundled) plan and to add or remove dependents from your coverage. **Open enrollment is November 3 – November 17, 2025**. Return your completed form **by 5 PM Pacific Time on November 17 to**:

BeneSys, Inc.
IBEW 125 - PGE Health and Welfare Trust
PMB 116, 5331 S Macadam Ave, Suite 258
Portland, OR 97239-3871

Phone (503) 224-5906
Toll Free (877) 545-9471
E-Fax (781) 398-9219

Section 1 – Member Information		
Retiree's Full Name		**SSN**
Address		**City**
State	**Zip**	**Date of Birth**
Home Phone		**Mobile Phone**

Section 2 – Health Plan Elections (Medical, Dental and Vision)		
CHOOSE ONE MEDICAL PLAN FOR YOUR DEPENDENT(S)	**HSA Qualified Plan***	**PPO Plan**
See the enclosed rate sheets for the required monthly premium amount. **If you wish to opt your dependent(s) out of medical coverage, in addition to checking Waive Medical Coverage, you must also drop them as a dependent (see Section 3).** Note, If you opt out of medical coverage for your dependent, you won't be able to re-enroll him/her in the future (certain exceptions may apply; contact the Trust office for details).	☐	☐
	Waive Medical Coverage for Your Dependent	
	☐	

CHOOSE OR WAIVE DENTAL AND VISION COVERAGE	Elect Dental and Vision Coverage	Waive Dental and Vision Coverage
Dental and vision benefits are optional and offered together in one package. If you opt out of dental and vision coverage, you won't be able to re-enroll in the future (certain exceptions may apply; contact the Trust office for details). **You must elect medical coverage for your dependent in order for him/her to be eligible for dental and vision coverage. The Trust does not allow standalone dental and vision dependent coverage.** See the enclosed rate sheets for the required monthly premium amount.	☐	☐

*If you elect the HSA Qualified Plan for your dependent, he/she may be eligible to open and contribute to an HSA (see Section 4 below). Your dependent must be age 18 or older to open and contribute to an HSA.

Section 3 – Dependent Information

Complete this section only if you want to add a new dependent or drop a dependent from your coverage. Dependents include your spouse or domestic partner, child up to age 26 or disabled child of any age who is dependent upon you for support.

Please note: You must attach the appropriate legal documentation that applies to your dependents. Please refer to the enclosed Eligibility Documentation Policy/Proof of Dependent Eligibility Documents form. If you have any questions, call the Trust Office at (503) 224-5906 or (877) 545-9471.

Action	Full Name	Relationship To You	Birth Date	SSN	Gender
☐ Add ☐ Drop					☐ M ☐ F
☐ Add ☐ Drop					☐ M ☐ F
☐ Add ☐ Drop					☐ M ☐ F
☐ Add ☐ Drop					☐ M ☐ F

Are you or any dependents currently receiving Medicare or planning to receive Medicare in 2026? You must stop contributing to your HSA at least six months before you enroll in Medicare. When you enroll in Medicare Part A, you'll receive up to six months of retroactive coverage. If you don't stop HSA contributions at least six months before Medicare enrollment, you may incur a tax penalty on those contributions.	☐ Yes	☐ No

Section 4 – Health Savings Account (HSA) Contribution

2026 IRS Contribution Limits for HSA

☐ **Coverage for one dependent only (individual coverage)**: IRS maximum is $4,400.

☐ **Coverage for more than one dependent (family coverage)**: IRS maximum is $8,750.

Catch-up contribution: If your dependent is the account holder and age 55 or older in the 2026 calendar year, her/she can contribute an additional **$1,000** per year to the HSA.

Dependent HSA Contribution Election for 2026

SELECT ONE:	☐ Yes, I would like my dependent to open and contribute to an HSA. I understand my dependent must be age 18 or older to open and contribute to an HSA. If this is your first year electing an HSA, HealthEquity will send you a Welcome Kit with details on how to make contributions. Your dependent may change his/her HSA contribution election at any time.	☐ No, I do not want my dependent to open an HSA.

Section 5 – Member's Certification and Authorization

By signing below, I agree to all of the following statements:

(a) I will notify the Trust Office within 31 days of any changes to the above enrollment and plan selection information.

(b) All of the information I provided on this form is complete and correct. I understand that stating false or misleading information, or omitting material information, is grounds for denial of benefits.

(c) If I elected the HSA Qualified Plan for my dependent: I received and reviewed the HSA rules and regulations contained in the *2026 Open Enrollment Guide*. I confirm that my dependent meets the HSA eligibility requirements. Further, I had time to review and ask all of the questions I had about participating in the HSA Qualified Plan before enrolling. Finally, I know that my election is binding until the next open enrollment period (except for certain life events).

It is a crime under the Employee Retirement Income Security Act to knowingly provide false, incomplete or misleading information to a health plan for the purpose of defrauding the health plan. Possible penalties include: imprisonment, fines, denial of benefits and restitution to the Plan for both Plan benefit payments and the monetary value of the medical coverage.

I agree to pay the required monthly premium amount applicable for my eligibility status and the coverage options I have elected.

Member's Signature _____ **Date** _____