

Ohio Bricklayers' Fringe Benefit Funds

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BENEFIT PLAN ELECTION FORM FOR ACTIVE MEMBERS

I WOULD LIKE TO CHOOSE THE FOLLOWING PLAN

- Anthem Base Plan – Single = \$672.00
- Anthem Base Plan – Family = \$912.00
- Anthem Standard Plan – Single = \$961.00
- Anthem Standard Plan – Family = \$1,326.00

Enclosed in this packet is the Summary of Benefits and Coverage detailing the coverage for each plan.

By signing this form, I acknowledge that I reviewed the enclosed information. I also acknowledge that my election ***cannot be changed*** until the next open enrollment period, which will be in the Fall 2026 for the year 2027, without a qualifying life event.

Member's signature: _____ Date: _____

Member's printed name: _____

Member ID/Last 4 of SSN#: _____