

Ohio Bricklayers' Fringe Benefit Funds

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BENEFIT PLAN ELECTION FORM FOR EARLY RETIREES

I WOULD LIKE TO CHOOSE THE FOLLOWING PLAN

- Anthem Non-Medicare Retiree Base Plan - Single = \$776.20
- Anthem Non-Medicare Retiree Base Plan - Family = \$1,086.43
- Anthem Non-Medicare Retiree + Medicare Spouse Base Plan = \$1,019.09
- Anthem Non-Medicare Retiree & Dependent + Medicare Spouse Base Plan = \$1,329.32
- Anthem Non-Medicare Retiree Standard Plan - Single = \$1,079.08
- Anthem Non-Medicare Retiree Standard Plan - Family = \$1,753.52
- Anthem Non-Medicare Retiree + Medicare Spouse Standard Plan = \$1,321.97
- Anthem Non-Medicare Retiree & Dependent Standard Plan = \$1,996.41

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# _____