

# 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# \_\_\_\_\_