

# Ohio Bricklayers' Fringe Benefit Funds

P.O. Box 99550

Troy, MI 48099

Phone: (248) 641-4921

Toll Free: (833) 289-4921

Website: [ohiobricklayersbenefits.org](http://ohiobricklayersbenefits.org)

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## BENEFIT PLAN ELECTION FORM FOR MEDICARE ELIGIBLE RETIREES

### I WOULD LIKE TO CHOOSE THE FOLLOWING PLAN

- Anthem Medicare Retiree Supplement Plan - Single = \$242.89
- Anthem Medicare Retiree Supplement Plan - Family = \$485.78
- Anthem Medicare Retiree + Non-Medicare Spouse Base Plan = \$1,019.09
- Anthem Medicare Retiree + Medicare Spouse and Non-Medicare Dependent Base Plan = \$1,261.98
- Anthem Medicare Retiree + Non-Medicare Spouse Standard Plan = \$1,321.97
- Anthem Medicare Retiree + Medicare Spouse and Non-Medicare Dependent Standard Plan = \$1,564.86

Enclosed in this packet is the Summary of Benefits and Coverage detailing the coverage for the Non-Medicare Base and Standard plans.

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# \_\_\_\_\_