

# 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**=\$**1,031.23**
- Anthem Non-Medicare Retiree & Dependent + Medicare Spouse **Base Plan**=\$**1,341.46**
- 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** =\$**1,334.11**
- Anthem Non-Medicare Retiree & Dependent **Standard Plan** =\$**2,008.55**

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# \_\_\_\_\_