

Sheet Metal Workers' Retiree Health Plan
of Southern California, Arizona & Nevada

2026 Annual Open Enrollment

If you wish to receive and review detailed enrollment materials, please Complete and Return this Form to the Administrative Office **no later** than **November 17, 2025**.

If you do **not** wish to change your medical plan, you do not need to do anything.

Please send me enrollment materials for the following HMO Medical Plan(s) available in the state of California: Please note that not all Plans are available in all areas. To enroll you must reside in the HMO's covered service area, as defined by your zip code.

☐ United Healthcare /
Medicare Advantage

☐ Health Net /
Seniority Plus

☐ Kaiser Permanente /
Senior Advantage

☐ Humana Medicare Advantage PPO
Nationwide PPO Plan. Both participant and spouse must be enrolled in Medicare

THIS IS NOT AN ENROLLMENT FORM

Returning this form does **not** enroll you in a plan, or change your current plan. You must submit a completed **Enrollment Form** (included in each plan's enrollment packet) for the plan of your choice, to the Administrative Office for any plan change to take effect.

**The deadline for submitting a completed Enrollment Form
to the Administrative Office is December 15, 2025.**

You will receive written confirmation of your plan change and effective date from the Administrative Office.

please print:

UID# or Last 4 digits of SSN

Name, First Last

Telephone Number

Mailing Address Street Apt #

☐ Check here
if this is a new address

City State Zip Code

Check one below:

☐ I am eligible for and enrolled in Medicare
Parts A and B

☐ I am not eligible for Medicare

If you are married and have chosen "Retiree + Spouse" coverage, please also check one below:

☐ My spouse is eligible for and enrolled in Medicare
Parts A and B

☐ My spouse is not eligible for Medicare

Signature

Date