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 <u>no later</u> 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 of Nevada: Please note that not service area, as defined by your zip of	all Plans are available	O	` '	
O United Healthcare EPO / Medicare Advantage HMO Medicare Advantage is available in Southern Nevada		O Hometown Health available in Northern Nevada only and is NOT available individuals who are eligible for Medicare		
O Health Plan of Nevada / United Healthca Group Medicare Advantage available in both Northern and Southern Nevada		Humana Medicare Advantage PPO Nationwide PPO Plan. Both participant and spouse must be enrolled in Medicare		
THIS I Returning this form does no	·	ENROLLMENT		
completed Enrollment Form	(included in each plan		r the plan of	
The dead	lline for submitting e Administrative O	a completed Enrolli ffice is December 15,	<u>ment Form</u> , 2025.	the Administrative
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	Sta	 ate	Zip Code
Check one below:		If you are married an Spouse" coverage, <u>pl</u>		
I am eligible for and enrolled in Medicare		My spouse is eligible for and enrolled in Medicare Parts A and B		

☐ I am <u>not</u> eligible for Medicare

Signature

☐ My spouse is <u>not</u> eligible for Medicare

Date