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

2027 Annual Open Enrollment

Enrollment Packet Request

To receive detailed materials on the Plan(s) of your choice, please Complete and Return this Form **to the Administrative Office no later than November 16, 2026.**

Your Medical Plan Options:

Please send me enrollment materials for the following Medical Plan(s):

- ❍ Fee-for-Service PPO Plan *(Self-funded Indemnity)*
- ❍ Kaiser Permanente HMO ❍ *en Español*
- ❍ United HealthCare HMO
- ❍ Health Net HMO ❍ *en Español*

Your Dental Plan:

- ❍ If you are currently enrolled on the Delta PPO Plan and **would like to receive a DeltaCare USA DMO packet** for review, please check here.
- ❍ If you are currently enrolled on the Delta Care USA Plan and **would like to receive a Delta PPO Plan packet** for review, please check here.

IMPORTANT- the Delta PPO plan has been reopened to eligible Plan A participants. If you are a Plan A participant enrolled in the DMO plan and fail to make an election during open enrollment, you will keep your current election and NOT be able to enroll in the PPO plan until next years open enrollment. Exceptions are only allowed for participants who do not reside within 30 miles of a contracted DMO dentist.

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 14, 2026.

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

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

Signature

Date

Ca mm 10/2026