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

2027 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 16, 2026.**

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 Medical Plan(s):

❍ **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 14, 2026.

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*** _____