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) available in the state of Nevada: 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 EPO / Medicare Advantage HMO** *Medicare Advantage is available in Southern Nevada only*	❍ **Hometown Health** available in *Northern Nevada only* and is NOT available to individuals who are eligible for Medicare
❍ **Health Plan of Nevada / United Healthcare 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 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

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***