

**MEDICARE ADVANTAGE OPT-OUT FORM**

Important information for retirees who choose not to take this coverage.

**Laborers Health and Welfare Trust Fund for Northern California (the Trust Fund).**

**DO NOT Complete this Opt-Out Form if you want to be automatically enrolled in the Anthem Medicare Preferred (PPO) Plan offered by the Trust Fund.**

I understand that effective March 1, 2019, the Trust Fund is automatically enrolling Retired Plan participants from the Laborers Retired Direct Pay Plan into the Anthem Medicare Preferred (PPO) plan. If I am enrolled in Medicare Parts A and B, and unless I tell you I do not want to enroll in this new coverage, my membership will be transferred to the Anthem Medicare Preferred (PPO) plan.

If I choose to opt-out of this coverage, I must complete this opt-out form and return it to the address at the bottom of the form.

By my signature below, I am acknowledging that I do not wish to participate in the Anthem Medicare Preferred (PPO) plan offered by the Trust Fund.

I also acknowledge that:

- Once I opt-out of the Anthem Medicare Preferred PPO plan coverage, I will be re-enrolled in the Laborers Retired Direct Pay Plan, unless I am not eligible.

Retiree Name: \_\_\_\_\_  
*Please print*

Medicare  
Number: \_\_\_\_\_

Spouse Name: \_\_\_\_\_  
*Please print*

Medicare  
Number: \_\_\_\_\_

\_\_\_\_\_  
Retiree Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

Kindly provide a daytime telephone number: \_\_\_\_\_

**If you wish to not be automatically enrolled in the Anthem Medicare Preferred (PPO) plan then please return this form**

**Laborers Funds Administrative Office of Northern California, Inc.  
220 Campus Lane  
Fairfield, CA 94534-1498**

If you choose to opt-out of the Anthem Medicare Preferred (PPO) plan, you will be re-enrolled in the Laborers Retired Direct Pay Plan or you may be eligible to enroll in another "Non Group" individual Medicare plan in your service area. You can get information about the Medicare Program and individual Medicare health plans by visiting **www.medicare.gov** on the web or by calling **1-800-MEDICARE (1-800-633-4227)** TTY/TTD **1-877-486-2048**. Medicare representatives are available 24 hours a day, 7 days a week for any general questions you may have about Medicare health or Part D drug benefits.