

# MICHIANA AREA ELECTRICAL WORKERS' FRINGE BENEFIT FUNDS

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Michiana Area Electrical Workers' Health and Welfare Fund  
Michiana Area Electrical Workers' Plan 4  
Michiana Area Electrical Workers' Pension Fund  
Michiana Area Electrical Workers' Money Purchase Plan

Managed for the Trustees by:  
TIC MIDWEST

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## Retiree – Dental and Vision Program Election Form

### ACTION REQUIRED BY NOVEMBER 22, 2024 FOR PARTICIPATION TO CONTINUE EFFECTIVE JANUARY 1, 2025

Effective October 1, 2024, the Michiana Area Electrical Workers Health and Welfare Fund Board of Trustees has decided to partner with Delta Dental of Indiana to provide dental and vision benefits to eligible retirees as described in the separate Notice about these new benefits. You are enrolled in these new dental and vision benefits through December 31, 2024, at no personal cost. However, to continue receiving these benefits by paying a monthly premium, you will need to complete the opt-in form below and return it so that it has been received by the Local Union Hall or Fund Office by November 22, 2024.

Please note, this is a onetime opt-in. If you choose not to complete the form below and send it to the Local Union Hall or Fund Office, there is no guarantee that you will have the opportunity to enroll at a later date. **Choosing not to voluntarily enroll by the November 22, 2024, deadline will be considered an opt-out.**

If you have questions about your new dental and vision programs, please call the Michiana Area Electrical Workers' Health and Welfare Fund at (877) 244-9473.

### Michiana Area Electrical Workers' Health and Welfare Fund Dental and Vision Program Election: Retiree (Choose One)

I, \_\_\_\_\_, (Retiree/Please Print) am electing to Opt-In for continued dental and vision benefits effective January 1, 2025. **I understand that the cost of coverage is an additional \$25 per month, which will be added to my self-payment premium as of January 1, 2025.**

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

\_\_\_\_\_  
Date

I, \_\_\_\_\_, (Retiree/Please Print) am electing to Opt-Out of dental and vision benefits effective January 1, 2025. I understand that there is no guarantee that I will have the opportunity to enroll at a later date.

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

\_\_\_\_\_  
Date