



Pick 3 Get 1



Healthy Union. Strong Union.

If you are an active or retired member, complete your choice of three health care tasks below, and receive a voucher good towards a pair of Red Wing boots or a jacket.



Preventive Dental Visit

(Billing Statement or *EOB Required)



Preventive Physical

(Billing Statement or *EOB Required)



REQUIRED in 2020-21



Health Fair Attendance w/Mini Health Screening

(Authorized 2020 or 2021 Stamp Required)



Quit Tobacco

(To participate in the Quit Tobacco program please contact the Sand Creek EAP at 651.430.3383)



Flu Shot

(Authorized Stamp, Billing Statement or *EOB Required)



Eye Exam

(Billing Statement or *EOB Required)

CHANGE AS OF 2020 →

Note: Only health services rendered from 3/21/20 through 4/1/21 are eligible. *Explanation of Benefits (EOB) required and provided by service provider or health plan.

After you complete your PICK 3

▶▶▶ WHERE SHOULD WE MAIL YOUR PRIZE? ◀◀◀

(Please Print)

Please complete the form and enclose in this envelope.

<p>MN LABORERS MEMBER NAME: _____</p> <p>LOCAL UNION#: _____</p> <p>ADDRESS: _____</p> <p>CITY: _____</p> <p>STATE: _____ ZIP: _____</p> <p>PHONE: () _____</p> <p>EMAIL: _____</p>	<p>LAST 4 DIGITS OF SSN _____</p> <p>SELECT ONE:</p> <p><input type="checkbox"/> ACTIVE MEMBER: \$150 Voucher towards Red Wing Boots or Jacket (Circle Size: S M L XL 2XL 3XL 4XL)</p> <p><input type="checkbox"/> RETIREE: Jacket (Circle Size: S M L XL 2XL 3XL 4XL)</p> <p><small>All redemption forms and required EOB *(Explanation of Benefits) documents or billing statements will be reviewed on receipt. Qualified active and retired applicants will receive their voucher by mail. Boot voucher or jacket will be mailed to the address provided. Incentives provided by MN Laborers Employers Cooperation Education Trust (LECET).</small></p> <p>X _____</p> <p>ACTIVE MEMBER or RETIREE SIGNATURE</p>
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Complete this form, include all required documentation (EOB or healthcare provider statement), and return to the address on the right.

Only one prize per active eligible member. If this form is not complete or is missing the necessary documentation, your claim will not be processed.

MINNESOTA LABORERS HEALTH & WELFARE FUND

HEALTHY UNION / STRONG UNION

c/o Zenith American Solutions
P.O. Box 124
Minneapolis, Minnesota 55440-0124

WWW.MNLABORERSHEALTH.ORG

 /MNLaborersHealthWelfareFund

Incentives provided by MN Laborers Employers Cooperation Education Trust (LECET) *Active members only