

**OPERATING ENGINEERS LOCAL 139**  
**HEALTH BENEFIT FUND**

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P.O. Box 160 • Pewaukee, WI 53072-0160

Phone: (262) 549-9190  
Toll Free: (800) 242-7018  
Fax: (262) 549-3549

**HRA \$200 Bonus Request Form**

OEF Identification Number \_\_\_\_\_

Name of the 139 Member \_\_\_\_\_

In accordance with the plan rules, I submit this form for the HRA Bonus and I certify that I am an active (not retired) eligible participant who is working or available for work and that:

I am:  Married     Unmarried

I received an annual routine physical\* from:

Health Dynamics on \_\_\_\_\_(Date) or my personal physician on \_\_\_\_\_(Date)

If I am married, my spouse received an annual routine physical\* from:

Health Dynamics on \_\_\_\_\_(Date) or his/her personal physician on \_\_\_\_\_(Date)

\_\_\_\_\_  
Signature of the 139 Member

\_\_\_\_\_  
Date

*\*\*\*This form must be signed or it will be returned\*\*\**

\*A Health Dynamics physical automatically qualifies for the bonus. If the annual routine physical is obtained elsewhere, the physical must consist of at least the following components:

- An office visit (coded by the physician as either “routine” or “annual physical”)
- Routine blood draw
- A PSA (prostate specific antigen) test for males over age 50
- A pap smear for females over age 21 at least once every three years
- A mammogram for females over age 40 each year

If your personal physician recommended that you not have the PSA, pap or mammogram, please attach a signed note from your physician and it will not be required.

This benefit may be delayed if Health Dynamics or your physician has not yet submitted the claim for these services.

*Please mail this form to the address above or fax this form to the fax number above.*

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For Fund Office use only:

- \$200 Bonus deposited into HRA on \_\_\_\_\_(Date) \_\_\_\_\_(Initials)
- \$200 Bonus rejected: \_\_\_\_\_