

OPERATING ENGINEERS LOCAL 139
HEALTH BENEFIT FUND

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 Local 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. **If married both the member and the spouse must have an annual routine physical to be eligible for the HRA bonus.**

I received an annual routine physical* from:

Health Dynamics on _____(Date) or my doctor on _____(Date)

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

Health Dynamics on _____(Date) or his/her doctor on _____(Date)

Signature of the Local 139 Member

Date

*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 doctor 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 262.549.3549