

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

Member ID or Last Four SSN _____

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 in the same calendar year to be eligible for the HRA bonus.**

I received an annual routine physical* from:

My doctor _____ on _____ (Date)

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

His/her doctor _____ on _____ (Date)

Signature of the Local 139 Member

Date

*An annual 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 do not have the PSA, pap, or mammogram, please attach a signed note from your physician and it will not be required.

If your spouse has primary coverage, please include the Explanation of Benefits from the primary insurance.

This benefit may be delayed if 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