

**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 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:

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 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 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*