IBEW LOCAL 654 HEALTH & WELFARE FUND BENEFITS ENROLLMENT FORM

ACTION REQUESTED:	ENROLLMENTS ONLY		EFFECTIVE DATE
☐ Initial Enrollment – Newly Eligible Participant ☐ Enrollment – Participant or Retiree ☐ Adding a spouse or dependent	Choose your plan: (Check **only one**)	☐ Keystone Health Plan East HMO ☐ Personal Choice PPO (no vision)	**Subject to Plan and carrier rules*

MEMBER INFORMATION

LAST NAME | SUF | FIRST NAME | MI | DOB (MM/DD/YYYY) | FULL SSN

STREET ADDRESS | APT | CITY | ST | ZIP

CELL PHONE NUMBER | HOME PHONE NUMBER (IF ANY) | EMAIL ADDRESS

CURRENT MARITAL STATUS: (CHECK ONE) ☐ NEVER MARRIED ☐ DIVORCED ☐ WIDOWED ☐ MARRIED ☐ MARRIED BUT SEPARATED

GENDER: (CHECK ONE) ☐ MALE ☐ FEMALE ☐ NONBINARY ☐ PREFER NOT TO RESPOND

SPOUSE INFORMATION

Please also provide a copy of your marriage certificate when enrolling a spouse.

LAST NAME | SUF | FIRST NAME | MI | DOB (MM/DD/YYYY) | FULL SSN

SAME ADDRESS AS MEMBER? ☐ YES ☐ NO – PLEASE ENTER ADDRESS BELOW

GENDER: (CHECK ONE) ☐ MALE ☐ FEMALE ☐ NONBINARY ☐ PREFER NOT TO RESPOND

STREET ADDRESS | APT | CITY | ST | ZIP

DEPENDENT INFORMATION

Please also provide a copy of a birth certificate for each dependent.

If you are enrolling more than six dependents, please make a copy of this form or request an additional second page from the Fund office

LAST NAME | SUF | FIRST NAME | MI | DOB (MM/DD/YYYY) | FULL SSN

SAME ADDRESS AS MEMBER? ☐ YES ☐ NO – PLEASE ENTER ADDRESS BELOW

GENDER: (CHECK ONE) ☐ MALE ☐ FEMALE ☐ NONBINARY ☐ PREFER NOT TO RESPOND

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Please complete page 2 and sign where indicated. Incomplete or unsigned forms cannot be processed.

HMO PROVIDER SELECTION

IF YOU ARE ENROLLING IN THE KEYSTONE HMO, YOU MUST LIST A PROVIDER FOR EACH ENROLLED PERSON

PATIENT'S NAME	DR OR CLINIC NAME	TELEPHONE NUMBER	KEYSTONE PROVIDER ID – 9 DIGITS	CURRENT PATIENT ☐ YES ☐ NO

WILL ANYONE BE COVERED BY A MEDICARE PLAN IN ADDITION TO THE FUND'S PLAN?

NAME	MED ☐ YES	DEN ☐ YES	RX ☐ YES	CARD NUMBER	PART A DATE	PART B DATE	QUALIFYING REASON ☐ AGE ☐ DIS ☐ ESRD

WILL ANYONE BE COVERED BY ANOTHER PLAN IN ADDITION TO THE FUND'S PLAN?

NAME(S)		EFFECTIVE DATE	INSURANCE CO	PLAN ID	POLICYHOLDER NAME	ACTIVE, RETIRED, OR COBRA ☐ A ☐ R ☐ C
	MED					
	DEN					
	RX					
NAME(S)						
	MED					
	DEN					
	RX					

- I am requesting coverage in the IBEW 654 Health & Welfare Fund benefit plans—medical, dental, and prescription--for myself and any spouse or dependents listed on this form.
- I understand that if I or my spouse or any dependents become covered by Medicare or another plan while enrolled in these benefits, or if coverage under Medicare or another plan is terminated, I must notify the Fund office immediately.
- **I understand that life events**—marriage, divorce, death, termination of employment, or the birth, adoption, or foster placement of a child—**must be reported to the Fund office within thirty (30) days of the event**.

Participant Signature _____ Date Signed _____

Please return your completed and signed enrollment form and copies of any necessary documents to the Fund office:

IBEW 654, c/o Frank M. Vaccaro & Associates, Inc., 27 Roland Avenue, Suite 200, Mount Laurel, NJ 08054

Protecting your personal information is important to us; please do not email pictures or scans of forms or documents in unencrypted email. If you wish to submit your forms and documents electronically, please contact the Fund office for a link to a secure drop box.

Frank M. Vaccaro & Associates, Inc.
Employee Benefit Administrators & Consultants
Established: 1980

Offices located in:
Mount Laurel, NJ • Atlantic City, NJ • Philadelphia, PA • Newtown, PA

REQUIRED FOR KEYSTONE ENROLLMENT

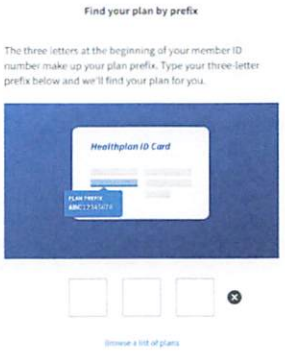
How to Find a Doctor, Clinic, or Practice and the Provider ID Number

You must list a primary care provider for each person being enrolled in the Keystone HMO coverage. Please be sure to list the nine-digit provider number and your doctor's name and phone number on your enrollment form

1. Go to www.ibx.com.
2. Click on "Find a Doctor" at the top of the page.

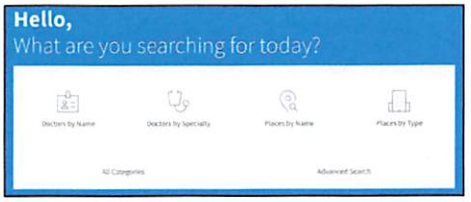
3. Scroll down the page to just under the "Providers" header.
4. Click on the "Learn more" button under "Doctors, Hospitals, and Specialty Services"
5. Click on "Choose a location" when the blue "Hi there" box pops up.
6. Enter your city and state or zip code and choose the correct location from the drop down list.
7. Click on the "Yes, this is correct" button.
8. Click on the orange "All Plans" button in the top right-hand corner.

9. Click on the "Find a different plan" button.
10. If you have your ID card, you can enter the first three letters at the beginning of your member ID. If you do not have your ID card, click on "Browse a list of plans" under the three squares.
    a. If you are enrolled in the Keystone HMO plan, type "Keystone" in the search box and choose "Keystone HMO/POS/Direct POS" from the drop down box.
    b. If you are enrolled in the Personal Choice PPO plan, type "Personal Choice" in the search box and choose "Personal Choice PPO" from the drop down list.

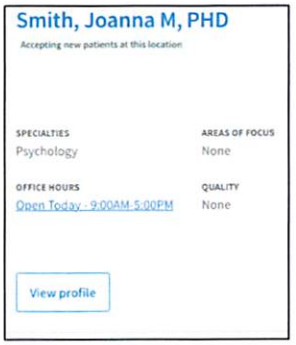


11. Click on the green "Confirm selection" button.

Instructions continue on next page.



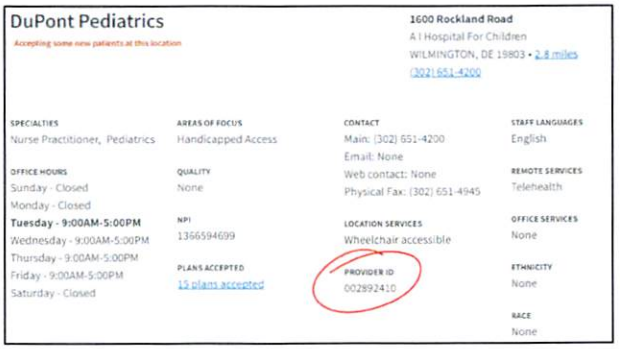
12. Click on your search option: Doctors by Name, Doctors by Specialty; Places by Name, or Places by Type.
    - Clinics and practices are generally found under Places by Name.
    - To search for a specific doctor, use Doctors by Name.



13. Type search criteria in the search box (e.g., doctor's name, doctor's phone number, practice name, etc.).

14. When you have found the doctor or practice, click on the "View Profile" button.

15. The Provider ID will be located at the bottom of the third column of information.
    - Provider numbers begin with two zeroes ("00").
    - If you are enrolling in or participating in Keystone HMO, you must list a primary care provider ID for each person under the coverage.
    - Please be sure to list the nine-digit provider number and your doctor's name and phone number on your enrollment form



If you do not see a provider ID, try searching by the name of the clinic or practice in which your doctor works.

DO NOT USE THESE INSTRUCTIONS TO SEARCH FOR A DENTIST OR A PHARMACY.

Some tips:

- CHOP facilities can also be found under Care Network.
- Einstein facilities can also be found under HAN.
- Nemours facilities can also be found under Dupont.