



**INTERNATIONAL UNION OF OPERATING ENGINEERS**  
**LOCAL 4**  
**Health and Welfare, Pension, and Annuity Funds**

**ENROLLMENT FORM**  
**FOR BRIDGE BUY-IN PLAN**

The **optional** Bridge Buy-In Plan is offered to members who earn coverage under the Supplemental Benefits Plan. Electing the Bridge Buy-In Plan enables members to obtain the full benefits package available under the Basic Benefits Plan.

The Bridge Buy-In Plan must be elected as of the same date the member is eligible for and begins coverage under the Supplemental Benefits Plan. Absent the timely premium payment for the Bridge Buy-In Plan, it will be assumed that Bridge coverage is declined and will not be available for purchase this Plan Year (March 1, 2025 – February 28, 2026).

**The monthly cost of the Bridge Buy-In Plan is \$410.85**

The Bridge Buy-In Plan covers the member and all his/her eligible dependents. In addition to medical coverage, benefits include dental and a higher level of prescription coverage than is provided under the Supplemental Benefits Plan. Additional benefits include vision, hearing, life insurance, AD&D and Weekly Accident & Sickness Benefits (Loss of Time).

Member Name: \_\_\_\_\_ SSN: \_\_\_\_\_

**CIRCLE ONE BELOW:**

I **(Elect)** / **(Decline)** to purchase Bridge Buy-In Plan coverage under the IUOE Local 4 Health & Welfare Plan.

I have read and understand this will be the only time the Bridge Buy-In Plan is offered to me this Plan Year. Absent the premium payment it will be assumed that I decline coverage under the Bridge Plan. The monthly premium of \$410.85, payable by check, will be due by the first day of each month for which coverage is provided. Failure to pay premiums in a timely manner may result in a break in coverage or termination of coverage.

**Please return this completed Enrollment Form, and your initial payment to:**  
 IUOE Local 4 Health & Welfare Plan, PO Box 680, Medway, MA 02053-0680.

Please make checks payable to: **IUOE Local 4 Health & Welfare Plan**. Questions may be directed to the Health & Welfare Eligibility Department at 508-533-1400, option 3.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

16 Trotter Drive  
 P.O. Box 680  
 Medway, MA 02053-0680

TEL (508) 533-1400  
 FAX (508) 533-1425  
 1-888-486-3524

www.local4funds.org

