



2021 Pick 3, Get 1



Most of these services can be accomplished by visiting a Minnesota Laborers Health and Wellness Clinic at no cost to you.

Healthy Union. Strong Union.

If you are an active or retired member, complete your choice of three health care tasks below, and receive a voucher good towards a pair of Red Wing boots or a vest.



Preventive Physical

(Authorized Stamp, Billing Statement or *EOB Required)



CHANGE AS OF 2021 →



Preventive Dental Visit

(Billing Statement or *EOB Required)



REQUIRED in 2021-22



Clinic Visit In-Person or Virtual

At Minnesota Laborers Health and Wellness Clinics. Schedule an appt 952-687-8100. (Authorized stamp)



Quit Tobacco

(To participate in the Quit Tobacco program please contact the Sand Creek EAP at 651.430.3383)



Flu Shot

(Authorized Stamp, Billing Statement or *EOB Required)



Note: Only health services rendered from 4/01/2021 through 3/31/22 are eligible. *Explanation of Benefits (EOB) required and provided by service provider or health plan.

After you complete your PICK 3

▶▶▶ WHERE SHOULD WE MAIL YOUR PRIZE? ◀◀◀

(Please Print)

Please complete the form and enclose in this envelope.

| | |
|---|---|
| MN LABORERS MEMBER NAME: _____ LOCAL UNION#: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ PHONE: () _____ EMAIL: _____ | LAST 4 DIGITS OF SSN _____ SELECT ONE: <input type="checkbox"/> ACTIVE MEMBER: \$150 Voucher towards Red Wing Boots or Vest (Circle Size: S M L XL 2XL 3XL 4XL) <input type="checkbox"/> RETIREE: Vest (Circle Size: S M L XL 2XL 3XL 4XL) <small>All redemption forms and required EOB *(Explanation of Benefits) documents or billing statements will be reviewed on receipt. Qualified active and retired applicants will receive their voucher by mail. Boot voucher or vest will be mailed to the address provided. Incentives provided by MN Laborers Employers Cooperation Education Trust (LECET).</small> X _____ ACTIVE MEMBER or RETIREE SIGNATURE |
|---|---|

Complete this form, include all required documentation (EOB or healthcare provider statement), and return to the address on the right.

Only one prize per active eligible member. If this form is not complete or is missing the necessary documentation, your claim will not be processed.

MINNESOTA LABORERS HEALTH & WELFARE FUND

HEALTHY UNION / STRONG UNION

c/o Zenith American Solutions
P.O. Box 124
Minneapolis, Minnesota 55440-0124

WWW.MNLABORERSHEALTH.ORG

/MNLaborersHealthWelfareFund

Incentives provided by MN Laborers Employers Cooperation Education Trust (LECET) *Active members only