



**2022 - 2023**

# Pick 3-Get 1

**COMPLETING YOUR PICK 3 IS AS EASY AS 1-2-3**

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



**Preventive Physical**

(Authorized Stamp, Billing Statement or \*EOB Required)



**Preventive Dental Visit**

(Billing Statement or \*EOB Required)



**CHANGE AS OF 2022**



**Clinic Visit In-Person or Virtual**

At MN Laborers Health and Wellness Clinics. Schedule an appointment 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)



**Mental Health**

Visit *This Amazing Life Interactive Exhibit* at the June 11, 2022 Health Fair. (Authorized Stamp)

*Note: Only health services rendered from 4/1/22 through 3/31/23 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 complete the form and enclose in this envelope.**



*(Please Print)*

<p>MN LABORERS MEMBER NAME: _____</p> <p>LOCAL UNION#: _____</p> <p>PHONE: ( ) _____</p> <p>ADDRESS: _____</p> <p>CITY: _____</p> <p>STATE: _____ ZIP: _____</p> <p>EMAIL: _____</p>	<p>LAST 4 DIGITS OF SSN: _____</p> <p>SELECT ONE:</p> <p><input type="checkbox"/> ACTIVE MEMBER: \$150 Voucher towards Red Wing Boots or Bison Cooler. (Circle Your Choice)</p> <p><input type="checkbox"/> RETIREE: Bison 12 Can Softpak Cooler.</p> <p><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 cooler will be mailed to the address provided. Incentives provided by MN Laborers Employers Cooperation Education Trust (LECET).</small></p> <p>X _____</p> <p>ACTIVE MEMBER or RETIREE SIGNATURE</p>
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**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**

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

**WWW.MNLABORERSHEALTH.ORG**



Incentives provided by MN Laborers Employers Cooperation Education Trust (LECET) \*Active Members Only.