



## LOCAL 103, I.B.E.W. HEALTH BENEFIT PLAN

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MICHAEL P. DONOVAN, ADMINISTRATOR

### IMPORTANT NOTICE

TO: Local 103, I.B.E.W. Health Benefit Plan Enrollees  
DATE: June 1, 2022  
SUBJECT: Re-Enrollment Form

The Local 103, I.B.E.W. Health Benefit Plan (the "Plan") is sending the enclosed Re-Enrollment form to ensure we have the most accurate information on file, and to provide you and your family the best service possible. ***All Local 103, I.B.E.W. Health Benefit Plan participants must complete the enclosed Enrollment Form and return it before June 30, 2022.*** This Form must be returned to continue coverage under the Plan. ***Failure to return the completed form will result in suspension and / or termination of your coverage.***

If you need to obtain another copy of the Re-Enrollment form, please visit our website at [www.trustfunds103.com](http://www.trustfunds103.com) or call the Trust Funds Office at (617) 288-5999. ***Please remember to complete the enclosed Enrollment form and to return it by June 30, 2022 to avoid loss of coverage.*** For your convenience a return envelope has been included in this packet.

Please Mail Forms to:  
Local 103, I.B.E.W, Health Benefit Plan  
Health Re-Enrollment  
256 Freeport Street, 2<sup>nd</sup> Floor  
Boston, Ma 02122

Before submitting the enclosed form, please make sure:

- ☐ I have completely answered all the questions.
- ☐ I have signed & dated the back side of the **YELLOW** form.
- ☐ I have included any necessary paperwork (if applicable).