

FOR 2026 OPEN ENROLLMENT ONLY

PLEASE PRINT CLEARLY AND STAY WITHIN THE BOXES BELOW

Must match the name on record for your health benefits.

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If you do not know your Member ID#, you **must** complete the field for SSN below.

If you have entered your Member ID# above, you may leave the field for SSN blank.

For more information, call the UFCW Trust Fund Office Health and Welfare Services Department at 800-552-2400

