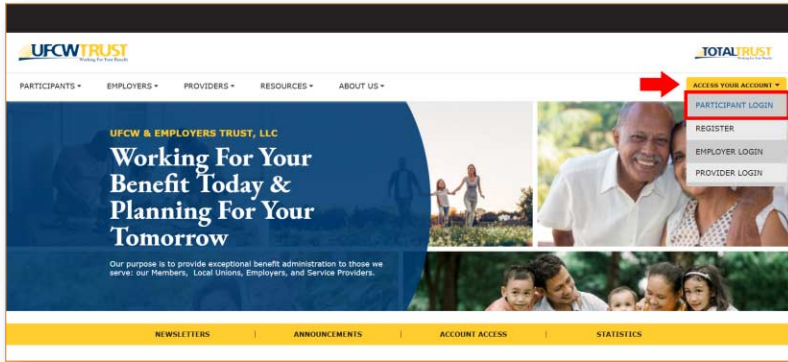


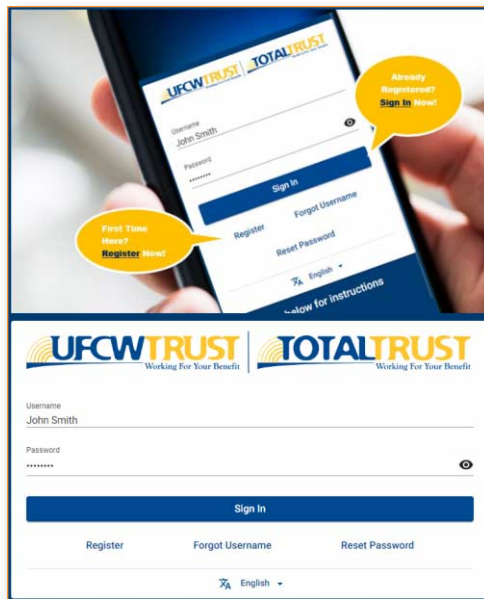


Enrollment Steps Step-by-Step Instructions



1

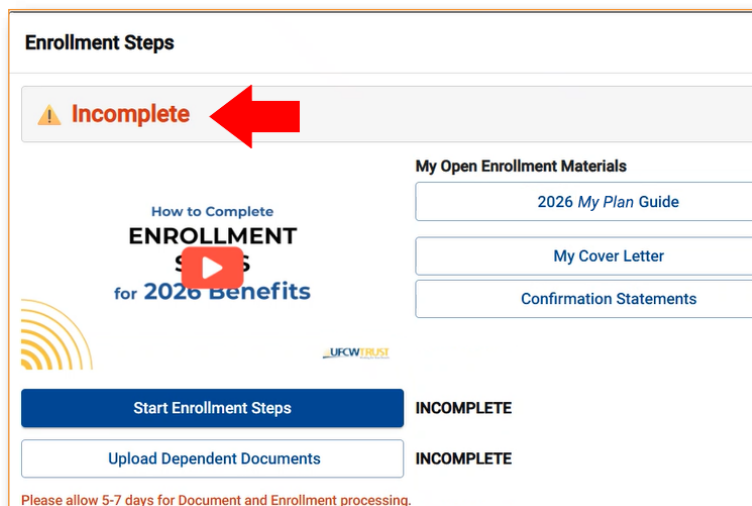
Visit **ufcwtrust.com** and select "Participant Login" under "Access Your Account."



2

Log in or register on the site.

If you have forgotten your username or password, use the "Forgot Username" or "Reset Password" option under the "Sign In" button.



3

Your overall Enrollment Steps completion status is listed at the top of the Enrollment Steps section. Each Step also displays an individual status. These statuses will update automatically as you complete Steps, or once the TFO reviews and approves your submitted documents (5-7 business days).

Select "Start Enrollment Steps," to choose your Carriers and Dependents for Plan Year 2026.

Instructions for Uploading Proof Documents for Newly Added Dependents

If you are enrolling a new **Dependent for the 2026 Plan Year**, documentation is required to verify their eligibility. To upload the required Dependent documentation, follow these steps.

- 4

Select “Upload Dependent Documents” to see a list of required documents. Select “Upload” or “Change” next to the document you are uploading and select the scanned PDF or image from your device. Select “Save.” Documents you have uploaded will display a received timestamp next to the name.

Your Upload Dependent Documents Status, if applicable, will update to “Complete” once the TFO reviews and approves your submitted documentation (5-7 business days).

4a



Start Enrollment Steps

COMPLETE

Upload Dependent Documents

INCOMPLETE

Please allow 5-7 days for Document and Enrollment processing.

4b

Coverage Proof Documents

The following Documents are needed in order for us to successfully process your enrollment. If you do not have these documents ready, you may still exit, and we will pend your enrollment until you submit them.

If there is an **Accepted Date** for the document, then we have one on file already. There is no need to upload a new one

Proof Document	Owner	Change
County issued Birth Certificate	TESTGUY, TINA	
Not loaded	Natural Child	
Received Date	Accepted Date	

Cancel

Save

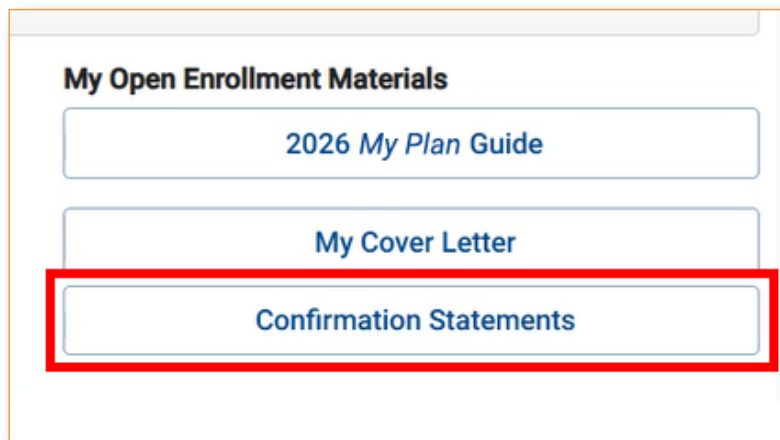


5

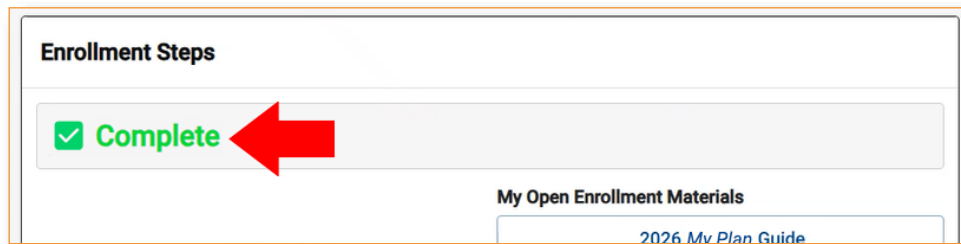
Once your Enrollment Steps have been submitted, select “Confirmation Statements” to review your “Open Enrollment Preliminary Elections Statement” and ensure your elections are accurate for the 2026 Plan Year.

Once you have completed all Enrollment Steps, your overall Enrollment Steps completion status at the top of the Enrollment Steps section will automatically update to “Complete.”

5a



5b



You can also submit your documentation through postal mail, fax, or drop it off in-person to one of our offices:

- **Mail:** PO Box 4100, Concord, CA 94524-4100
- **Fax:** Health & Welfare Services Department at (925) 746-7549
- **Concord Drop Off:** 1000 Burnett Ave, Suite 110, Concord, CA 94520
- **Roseville Drop Off:** 2200 Professional Drive, Suite 200, Roseville, CA 95661

Please allow 5-7 business days for the TFO to review and approve your Dependent's enrollment documents.



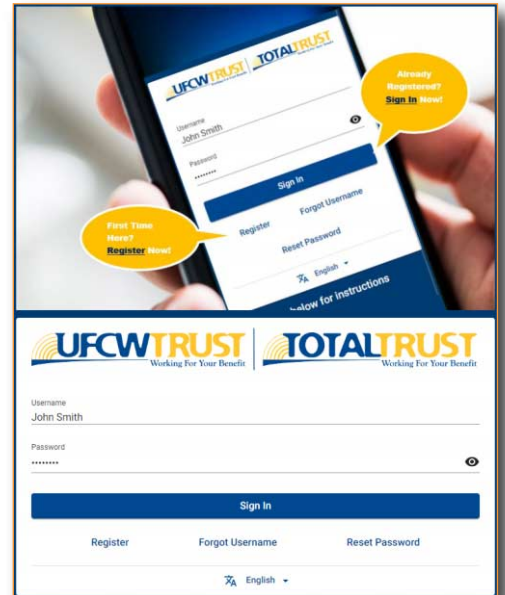
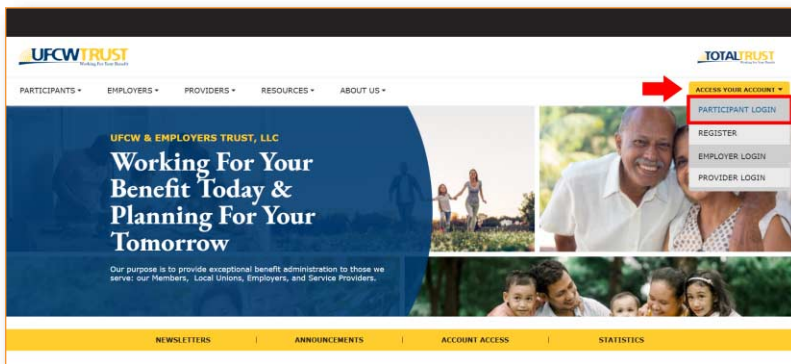
Wellness Steps Step-by-Step Instructions

2

Log in or register on the site.

1

Members and Spouses/Domestic Partners completing Wellness Steps: Visit **ufcwtrust.com** and select “Participant Login” under “Access Your Account.”



3

Your overall Wellness Steps completion status is listed at the top of the Wellness Steps section. Each Wellness Step also displays an individual status. These statuses will update automatically as you complete Wellness Steps, or once the TFO receives your Biometric Test Results (7-10 business days).

To get started, select “Start Wellness Agreement.” After reviewing the agreement, check the box at the bottom of the e-form to agree. Select “Submit Form.” Your e-signed Agreement status will automatically update to “Complete.” Continue to the next step.

NOTE: Your Open Enrollment tab will only display Wellness Steps and Biometric Test options applicable to you. Your exact screen may look different from the example picture.

3a

Wellness Steps

Incomplete

Complete your Wellness Steps for participation in the Wellness (HCP) Program in 2026!

Start Wellness Agreement	INCOMPLETE
Start Health Risk Questionnaire (HRQ)	INCOMPLETE
Kaiser HIPAA Authorization (current or future Kaiser Participants)	INCOMPLETE
Kaiser HIPAA for Dependent Child (age 18+)	

BOOK NOW Quest Log in with your Quest username and password. Or, if you are new to Quest use Registration Code: UFCW Quest Login Instructions >

BOOK NOW labcorp Log in with your Labcorp username and password. Or, if you are new to Labcorp, use your Participant ID to create a new account. Participant ID: 111111111 Labcorp Login Instructions >

My Biometric Results INCOMPLETE

2026 Wellness (HCP) Family Status INCOMPLETE

Already had your physical exam and lab tests this year? Download your **Personal Bio26 Form** to bring to your physician. Then, upload the completed form.

[Upload My Bio26 Form](#) [View My Personal Bio26 Form](#)

Please allow 7-14 days for the 2026 Wellness (HCP) Family status to update after both Member and currently

3b

UFCW & EMPLOYERS TRUST, LLC
Wellness Program (HCP) Agreement for the 2026 Plan Year

The UFCW & Employers Trust, LLC (Trust Fund Office) provides administrative services to certain health benefit plans which offer a wellness program. This Agreement is between you and your health plan ("Plan") administered by the Trust Fund Office.

I understand that if my covered Spouse/Domestic Partner (if applicable) and I wish to begin or continue participating in the Wellness Program (also referred to as "Health Care Partnership" or "HCP") in the 2026 Plan year, we must complete the following Wellness Steps between October 6, 2025, and November 21, 2025. I/we each agree to complete the following Wellness Steps:

- Complete a biometric health screening at no cost to me and my covered Spouse/Domestic Partner (if applicable). In doing so, I/we authorize the Trust Fund Office to receive the results of the screening and provide it to the Plan's authorized Healthcare vendors. Additionally, I/we have read and understand the Biometric Screening Disclaimer below. ("If a Member has completed an alternative requirement offered by the Plan, the biometric screening is waived for the Member and his/her Spouse/Domestic Partner (if applicable).")
- Complete a Health Risk Questionnaire ("HRQ") and accept/agree to the Health Care Partnership (HCP) Agreement on the UFCW Trust website. In doing so, I/we authorize the Trust Fund Office to receive the HRQ information and to provide it to the Plan's authorized Healthcare vendors.

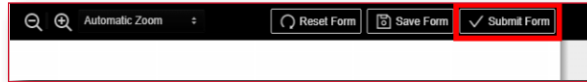


Wellness Steps Step-by-Step Instructions (cont.)

3c

☒ I AGREE

3d



4

If you are a currently enrolled Spouse, you must complete your GINA Authorization before your other Wellness Steps become available (the Member and Domestic Partner will not see this Step).

Complete the GINA Authorization in the same way as described for the “Wellness Agreement” e-form above. Once complete, your other Wellness Steps will appear automatically.

WARNING: The GINA Authorization is only applicable to an enrolled Spouse completing Wellness Steps. The GINA Authorization must be completed by the Spouse prior to submitting Proof of Completed Biometrics.

Wellness Steps

Incomplete

Complete your Wellness Steps for participation in the Wellness (HCP) Program in 2026!

SPOUSE: Complete your GINA Authorization in order for the TFO to process your biometric tests.

[Start GINA Authorization](#)

Once your GINA Authorization is complete your next Wellness Steps will appear.

5

Complete your Health Risk Questionnaire (HRQ). This questionnaire is comprised of 24 questions to help you identify healthier life habits and recommendations. The HRQ takes between 5-10 minutes to complete. If you need to save your progress and return at a later time, use the “Save” and “Log Out” buttons inside the e-form. Otherwise, complete the form and select “Submit Form” to complete this Wellness Step.

Wellness Steps

Incomplete

Complete your Wellness Steps for participation in the Wellness (HCP) Program in 2026!

Start Wellness Agreement	COMPLETE
Start Health Risk Questionnaire (HRQ)	INCOMPLETE
Kaiser HIPAA Authorization (current or future Kaiser Participants)	INCOMPLETE



Wellness Steps Step-by-Step Instructions (cont.)

**The Kaiser HIPAA
must be completed
annually!**

6

If you are a current or future Kaiser Participant (Member, or Spouse or Domestic Partner), review and agree to the Kaiser HIPAA Authorization. Select “Kaiser HIPAA Authorization.” After reviewing the agreement, select “Authorize HIPAA.” Select the checkbox and select “Save” to authorize the agreement.

NOTE: Enrolled Dependent Children (age 18+) must complete a paper Kaiser HIPAA Authorization. See page 17.

6a

Wellness Steps

Incomplete

Complete your Wellness Steps for participation in the Wellness (HCP) Program in 2026!

Start Wellness Agreement	COMPLETE
Start Health Risk Questionnaire (HRQ)	COMPLETE
Kaiser HIPAA Authorization (current or future Kaiser Participants)	INCOMPLETE

6b

Kaiser HIPAA Authorization Authorize HIPAA

UFCW & Employers Trust, LLC Health Reimbursement Account (HRA) Disclosure and Authorization for Kaiser HMO Participants

DISCLOSURE: As a participant in the Fund who has enrolled in the Wellness Program (HCP), you have access to a Health Reimbursement Account (“HRA”). You may use funds in your HRA to pay or be reimbursed for your out-of-pocket expenses. Details concerning your HRA benefit are described in the program materials you will receive or have received from the Fund. In order for the Fund to determine the amounts to be paid or reimbursed to you from your HRA for out of pocket expenses incurred in your Kaiser HMO plan, and for other reporting and administrative purposes, Kaiser will need to provide the Trust Fund Office your demographic information (name, social

6c

2026 Kaiser HIPAA Authorization

Click checkbox to submit “YES”, I want to share my information for purposes of enrolling in, and administration of, the Kaiser Permanente HRA plan. Uncheck for “No” I decline to share my information. Click Save to submit your response.

☒

CANCEL Save

Kaiser HIPAA (if applicable)

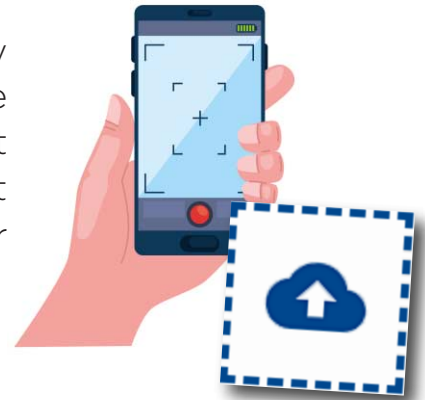
For Kaiser Members participating in the Wellness Program (HCP), the Kaiser HIPAA Authorization allows the Trust Fund Office (TFO) to apply available credits in your HRA toward deductibles and coinsurance when you and your Dependents use Kaiser services. Signing this HIPAA Authorization form is required for Wellness Program (HCP) participation every year for you and your enrolled Dependents who are age 18 and over.

If you are currently enrolled or if you are enrolling in Kaiser HMO coverage for the 2026 Plan Year, you and your Spouse/Domestic Partner (if applicable) will complete an electronic HIPAA Authorization when you complete your Wellness Steps on the Open Enrollment website. This Authorization will also allow the TFO to receive your Biometric Test information from Kaiser.

Continued →



Your enrolled Children turning age 18 on or before January 2026 must sign a paper form. You may download a copy of the Kaiser HIPAA Authorization Form from the Open Enrollment website, or by logging into your Participant Account online at **ufcwtrust.com**. You can then upload a scanned copy or clear photograph of the signed form to your Participant Account.

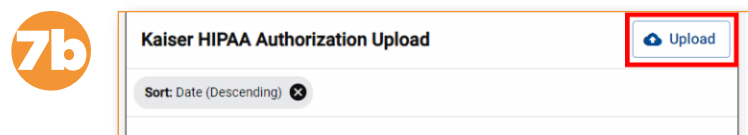
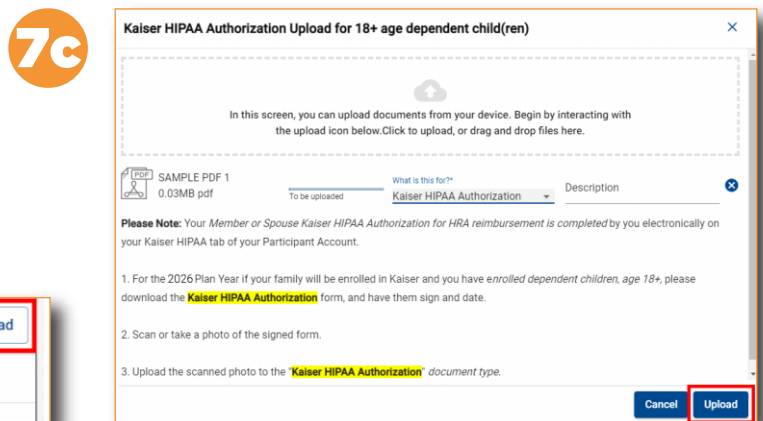
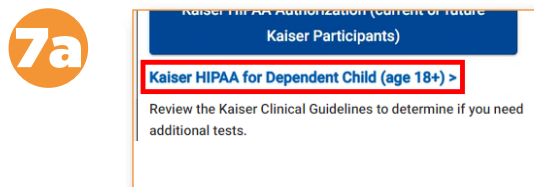


Directions for Kaiser HIPAA Authorization for Dependent Child (Age 18+)

- 7** Select “Kaiser HIPAA for Dependent Child (age 18+)” to go to the Kaiser HIPAA tab. Then, select “2026 Kaiser HIPAA Authorization Form” to download and print the form. Have the Dependent Child sign and date the Authorization. Scan or take a clear photograph of the complete form.

Select the “Upload” button in the “Kaiser HIPAA Authorization Upload” section and select the scanned PDF or image from your device. Select “Kaiser HIPAA Authorization Form” for the question “What is this for?”

Select “Upload.”



You can also submit your form through postal mail, fax, or drop it off in-person to one of our offices:

- **Mail:** PO Box 4100, Concord, CA 94524-4100
- **Fax:** Health & Welfare Services Department at (925) 746-7549
- **Concord Drop Off:** 1000 Burnett Ave, Suite 110, Concord, CA 94520
- **Roseville Drop Off:** 2200 Professional Drive, Suite 200, Roseville, CA 95661

Please allow 5-7 business days for the TFO to review and approve your submitted form.



Instructions for Biometric Screenings

PPO

If you are enrolled in the PPO Plan and complete your Biometrics Appointment at Quest or Labcorp by following the PPO Biometrics Instructions, you do not need to upload your results. Quest or Labcorp will forward your results to the TFO. Please allow 7-10 business days after your completed appointment for the “My Biometrics Results” status to change to complete.

HMO

If you are enrolled in the HMO Plan and complete your Biometric Tests with Kaiser (or you are not required to take Biometric Tests because you have existing test results on file, per the requirements in the HMO Biometrics Instructions), you do not need to upload your results. Please allow 7-14 business days after you have completed tests (if required) and submitted your Kaiser HIPAA Authorization to the TFO for the “My Biometrics Results” status to change to complete.

8

Both the Member and the enrolled Spouse or Domestic Partner (if applicable) must individually complete their own proof of Biometrics. Your Open Enrollment tab will only display the Biometric Test options available to you (PPO or HMO).

For PPO Participants, the most convenient way to complete your Biometrics Tests is by booking a Biometrics Appointment with Quest or Labcorp. If you complete your appointment with Quest or Labcorp, your results will be sent to the TFO automatically. If you complete your Biometrics Tests with your physician, continue to the next step to upload your completed Bio26 form signed by your authorized medical provider.

For HMO Participants, review the “Kaiser Clinical Guidelines” to confirm you need Biometrics Tests. If tests are required, schedule your tests with Kaiser. Your results will be sent to the TFO automatically after you have submitted your Kaiser HIPAA Authorization to the TFO.

8a

Kaiser HIPAA for Dependent Child (age 18+) >

BOOK NOW Log in with your Quest username and password. Or, if you are new to Quest use Registration Code: **UFGW**
[Quest Login Instructions >](#)

BOOK NOW Log in with your Labcorp username and password. Or, if you are new to Labcorp, use your Participant ID to create a new account. Participant ID: **111111111**
[Labcorp Login Instructions >](#)

My Biometric Results **INCOMPLETE**

2026 Wellness (HCP) Family Status **INCOMPLETE**

Already had your physical exam and lab tests this year? Download your **Personal Bio26 Form** to bring to your physician. Then, upload the completed form.

[Upload My Bio26 Form](#) [View My Personal Bio26 Form](#)

Please allow 7-14 days for the 2026 Wellness (HCP) Family status to update after both Member and currently covered Spouse/Domestic Partner (if applicable) have completed all required Wellness Steps, including

8b

Review the Kaiser Clinical Guidelines to determine if you need additional tests.

[Kaiser Clinical Guidelines >](#) **BOOK NOW**



How to Upload Proof of Completed Biometrics

Quest, Labcorp, and Kaiser results are sent to the TFO automatically. You only need to upload your Proof of Biometrics if you complete your biometrics tests with your physician (the Bio26 Form must be signed by your authorized medical provider and returned back to the TFO by November 21, 2025).

- 9** Select the “Upload My Bio26 Form” button and select the scanned Bio26 Form on your device. Select “Proof of Biometrics” for the question “What is this for?” and then select “Upload.”

Your Biometrics Results Status will update to “Complete” once the TFO reviews and approves your submitted documentation (5-7 business days).

9a

9b

10

Once you and your Spouse/Domestic Partner (if applicable) have both completed all Wellness Steps, your Family Wellness status will update, and your overall Wellness Steps status will automatically update to “Complete.”

WARNING: Both the Member and the enrolled Spouse or Domestic Partner (if applicable) must individually complete their own Wellness Steps for a household to be complete and participate in the Wellness (HCP) Program for the 2026 Plan Year. If you are dropping your Spouse/Domestic Partner from your plan for the 2026 Plan Year, they must still complete Wellness Steps for your household to participate in the 2026 Wellness Program.