



2023 - 2024

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 Quarter Zip Jacket (sizes S - 4x).



Preventive Physical
(Authorized Stamp, Billing Statement or *EOB Required)



Preventive Dental Visit
(Billing Statement or *EOB Required)
REQUIRED in 2023-24



MN Laborers Clinic Visit
In-Person or Virtual
Schedule an appointment
952-687-8100
(Authorized Stamp)



Flu Shot
(Authorized Stamp, Billing Statement or *EOB Required)



Benefits Day
Attend Laborers Benefits Day
April 1st, 2023
(Authorized Stamp Only)

Note: Only health services rendered from 4/1/23 through 3/31/24 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 MEMBERS ONLY: \$150 Voucher towards Red Wing Boots</p> <p><input type="checkbox"/> ACTIVE & RETIRED MEMBERS: Quarter Zip Jacket. (Circle Size: S M L XL 2XL 3XL 4XL)</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 Quarter Zip Jacket 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
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WWW.MNLABORERSHEALTH.ORG