

TIER I Enrollment Form: 07/01/2025 to 12/31/2025

DEADLINE: Please complete & return with your payment no later than June 9

I. Tier I Coverage

Please put a check mark in the box next to the type of coverage you would like to elect. If you wish to "Buy-Up" to Tier III benefits, please skip to the next section.

12-month Earnings from 04/01/2024 – 03/31/2025 (\$37,500-\$55,000)

	Coverage Type	Quarterly	Quarterly with Wellness Incentive*	Full 6-Months	Full 6-Months with Wellness Incentive*
	Participant	\$270	\$170	\$540	\$340
	Participant plus 1	\$338	\$238	\$676	\$476
	Family	\$405	\$305	\$810	\$610

**Please see the back of this page for details on the Wellness Incentive.*

II. Tier III Buy-Up Option

If you would like to elect the "Buy-Up" option, please put a check mark in the box next to the type of coverage you would like to elect. **Please Note that if you "Buy Up" to Tier III, you cannot change back to Tier I during the eligibility period. Failure to make your "Buy Up" payments will result in the loss of all coverage.**

	Coverage Type	Quarterly	Quarterly with Wellness Incentive*	Full 6-Months	Full 6-Months with Wellness Incentive*
	Participant	\$1,841	\$1,741	\$3,682	\$3,482
	Participant plus 1	\$2,843	\$2,743	\$5,686	\$5,486
	Family	\$4,274	\$4,174	\$8,548	\$8,348

III. Personal Information (please fill out completely)

Name: _____ Social Security Number: _____

Address: _____
Street Address / Apt. No. City State Zip Code

Date of Birth: _____ Home Phone: _____ Cell Phone: _____

Email Address: _____

Spouse Name: _____ Social Security Number: _____

Date of Marriage: _____ Spouse Date of Birth: _____

IV. Dependent Information

Please list the dependents you wish to cover effective July 1, 2025. **You must attach copies of birth certificates, marriage certificates, and social security cards for all new dependents listed.**

Dependent's Name	Date of Birth	Social Security No.	Relationship

☐ Check here if you wish Welfare coverage for yourself only.

CONTINUED ON REVERSE ➞

V. Payment Information

Participants are encouraged to enroll and make payment using the Fund’s Participant Portal **FundOneIATSE.com**. Payments may also be made by phone **(212) 247-5225** using a credit or debit card. If you don’t have the ability to pay by credit or debit card either online or by phone, please enclose a check with your enrollment form payable to **Welfare Fund of Local No. One IATSE** and mail your form and payment to: **Fund Office, 320 W. 46th St., 6th floor, NY, NY 10036**. Your enrollment is not final until the Fund receives your payment. **PAYMENT IS DUE ON OR BEFORE 07/01/25**

Participant Signature

Date

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2025 \$400 WELLNESS INCENTIVE

The Wellness Incentive is a **\$400 per year** (\$100 per quarter) reduction in your self-pay premium which you earn by completing certain health-related goals each year that you are a participant in the Welfare Fund. To continue receiving the incentive starting **01/01/2025**, **active participants must complete a wellness exam** (an annual physical) during 2024.

If you have your visit by 10/31/24 we will obtain the information from Aetna and will credit your 2025 invoices. **If you have a visit after 10/31/24 you will need to forward the documentation to Fundoffice@fundoneiatse.com.**

If you don’t have a doctor or are unable to schedule an appointment with your doctor, please call the **Friedman Health Center** at **(212)489-1939** to schedule a Wellness Exam. Friedman is Local One’s “Medical Home” and there is **NO CO-PAY** for any primary care visit if you have health coverage. They are located at 729 Seventh Avenue, 12th Floor, between 48th and 49th streets.

The reason this incentive is being offered is that the Trustees believe that it is vitally important we all see a doctor at least once a year. Early detection of chronic diseases like high blood pressure or diabetes generally results in better outcomes for patients, and lower costs for treatment. Annual Wellness visits help ensure that we receive recommended screenings and care, and that when we do get sick, we have an ongoing relationship with a doctor and don't end up in an emergency room. (Improper use of ER's is a huge area of waste.) We believe that this is a win-win for both you and the Fund as a whole.

So please, if you haven’t had a regular annual Wellness check-up, this is the time!