



**2024 - 2025
PICK 3 GET 1**

Most of these services can be accomplished by visiting a Minnesota Laborers Health and Wellness Clinic at no cost to you. When you complete 3 of the approved tasks, you'll receive a voucher good toward a pair of **RED WING BOOTS**, or a **MOUNTAIN RIDGE GEAR DUFFEL** and **TRAVEL BAG**.



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



Preventive Dental Visit
(Billing Statement or *EOB Required)

REQUIRED in 2024-25



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



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



The Health & Benefit Fair
Attend the Health & Benefit Fair April 20th, 2024
(Authorized Stamp Only)



Vision Exam
(Billing Statement or *EOB Required)

Note: Only health services rendered from 4/1/24 through 3/31/25 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 MEMBER: \$150 Voucher towards Red Wing Boots</p> <p><input type="checkbox"/> ACTIVE & RETIRED MEMBERS: Mountain Ridge Gear Duffel and Travel Bag</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 duffel bag 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
Minneapolis, Minnesota 55440-0124

laborersfunds.org

Incentives provided by MN Laborers Employers Cooperation Education Trust (LECET)