



2025 - 2026

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. If you are an Active or Retired Member and have completed 3 of the approved tasks, you are eligible to receive a **\$150 Red Wing Shoe Voucher** or a **DeWalt Cordless Drill and Impact Driver Combo Kit**.



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

☐


Preventive Dental Visit
(Billing Statement or *EOB Required)



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)

☐


Benefits Day
2025 Benefits Day
April 26th, 2025
(Authorized Stamp Only)

☐


Vision Exam
(Billing Statement or *EOB Required)

☐

Note: Only health services rendered from 4/1/25 through 3/31/26 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)

MN LABORERS
MEMBER NAME: _____
LOCAL UNION#: _____
PHONE: (____) _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
EMAIL: _____

LAST 4 DIGITS OF SSN: _____

SELECT ONE: **ALL ACTIVE & RETIRED MEMBERS**

- ☐ **Red Wing Shoe Voucher**
☐ **DeWalt Cordless Drill and Impact Driver Combo Kit.**

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 DeWalt Cordless Drill and Impact Driver Combo Kit will be mailed to the address provided. Incentives provided by MN Laborers Employers Cooperation Education Trust (LECET).

X _____

ACTIVE & RETIRED MEMBERS SIGNATURES

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)