



# 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 **DeWalt 3 Speed Cordless Oscillating Multi-Tool Kit** or a **\$150 Red Wing Shoe Voucher**

## REQUIRED



**Preventive Dental Visit**  
(Billing Statement or \*EOB Required)



**Preventive Physical**  
(Authorized Stamp, 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)



**Health and Benefits Fair**  
2026 Health and Benefits Fair April 18, 2026  
(Authorized Stamp Only)



**Vision Exam**  
(Billing Statement or \*EOB Required)






*Note: Only health services rendered from 4/1/26 through 3/31/27 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: <b>ALL ACTIVE &amp; RETIRED MEMBERS</b></p> <p><input type="checkbox"/> <b>DeWalt 3 Speed Cordless Oscillating Multi-Tool Kit</b></p> <p><input type="checkbox"/> <b>\$150 Red Wing Shoe Voucher</b></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. A DeWalt 3 Speed Cordless Oscillating Multi-Tool Kit or a \$150 Red Wing shoe voucher will be mailed to the address provided. Incentives provided by MN Laborers Employers Cooperation Education Trust (LECET).</small></p> <p>X _____</p> <p><b>ACTIVE &amp; RETIRED MEMBERS SIGNATURES</b></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)