

# Machinists Health and Welfare Trust Fund

Physical Address 7525 SE 24th Street, Suite 200, Mercer Island, WA 98040 • Mailing Address PO Box 34203, Seattle, WA 98124

Phone (206) 441-7574 or (800) 732-1121 • Fax (206) 505-9727 • website: [www.machinistshealth.com](http://www.machinistshealth.com)

Administered by  
Welfare & Pension Administration Service, Inc.

July 1, 2024

**TO: Participating Employers  
Machinists Health & Welfare Trust Fund**

**RE: Annual Open Enrollment and Member Website**

## Member Website

We are pleased to notify you of the new Trust Website for the Machinists Health and Welfare Trust Fund. The site located at <https://machinistshealth.com/> includes the following Trust Fund related materials:

- Forms – Enrollment Forms, Claims Form, Change of Address Form, and Disclosure and Privacy Notice
- Plan Booklets – Healthcare Plan and any updated Summary Material Modification Notices
- SBCs, Plan Coverage Notices, and Summary Annual Reports
- Contact Information – where to go for Plan Benefits and information
- Links to Local Unions and other useful sites

This site will also provide a link to “My Personal Benefit” information, which may be viewed through a secure location requiring the registration of an account with the Participant Portal – to register your account, visit <https://www.machinistshealth.com>. On the home page, click on the blue “Member Login” button on the right side of the screen and follow the prompts to register your account.

“My Personal Benefits” information includes the following data:

- Personal Information – Name, address, gender, birth date, marital status, etc.
- Health Plan Eligibility – Plan eligibility in the current and prior months
- Hours/Contributions – Statement showing employers reporting hours and contributions to the Trust on your behalf
- Dependent Enrollment Information – Names of enrolled dependents
- Medical Claims Summary and Paid Claims Detail
- Beneficiary Designation (if available)

## Open Enrollment

Once each year, the Machinists Health and Welfare Trust holds an open enrollment for medical coverage, where your employees can change their benefits from Regence BlueShield to Kaiser Permanente and vice versa. **The open enrollment period will be through July 19, 2024. A new enrollment form must be completed to accomplish this change.** If any of your employees wish to change coverage, the enrollment form must be received by the Administration Office **no later than July 19, 2024**, for August 2024 coverage. A small supply of enrollment forms is enclosed for this purpose.

**We would appreciate your cooperation in communicating this to your employees by posting the enclosed notices on your employee bulletin board.** If you need additional enrollment forms or have questions about open enrollment, please contact Karen Bayne of the Administration Office at (206) 441-7574 or (800) 732-1121. Alternatively, you may request forms online: [enrollment@wpas-inc.com](mailto:enrollment@wpas-inc.com), with **F21 Enrollment Forms** in the subject line. Thank you.

### **Board of Trustees Machinists Health and Welfare Trust Fund**

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Enclosures