IAFF LOCAL 726
Administered by Vimly Benefit Solutions, Inc.
P.O. Box 6, Mukilteo, WA 98275
***P:** (866) 265-5231 | **F:** (866) 676-1530 | **E:** IAFFHealthTrust@vimly.com*

LOCAL 726 HEALTH & WELFARE TRUST
2026 RETIREE ENROLLMENT FORM (NON-MEDICARE)

Please Print Clearly

Reason for Submission:
☐ Open Enrollment ☐ New Retiree/COBRA Ending ☐ Address Change ☐ Name Change ☐ Loss of Other Coverage*
☐ Family Member Update: _____ ☐ Other: _____

**Enrollments due to losing other coverage will require proof of coverage termination, with the exception of COBRA coverage offered through NWFFT.*

Date of Retirement:	**Coverage Effective Date:**

Please Indicate Employer: ☐ Central Pierce F&R ☐ South Pierce F&R

PERSONAL INFORMATION			
First Name:	Middle Name:	Last Name:	
Street Address:			SSN:
City:	State:	Zip:	Date of Birth:
Marital Status:	Date of Marriage/Divorce:		Gender: ☐ M ☐ F
Home Phone:	Cell Phone:	Preferred Email:	

RETIREE MEDICAL PLANS – MagnaCare
**If higher-deductible option is selected, retiree is not permitted to change to lower-deductible option at renewal.*

☐ **Plan $100** ☐ **Plan $1500** ☐ **Plan $5000**

DENTAL PLANS *(Choose One)* – Washington Counties Insurance Fund
**One-time election for new retirees only; participating actives must be enrolled in WCIF Dental.*

☐ **Delta Dental Retiree Plan** ☐ **Willamette Dental Plan**

You are committed to your plan selections for the 2026 Plan Year.
You will have the opportunity to make a change during the next open enrollment period for the 2027 Plan Year OR if you have a Qualifying Change of Status (marriage, birth, divorce, etc.).

FAMILY MEMBER ENROLLMENT: List below any family members you wish to cover. If you are changing the status of your family members, please mark the ADD or DELETE boxes accordingly. **Coverage for dependents will be effective the 1st of the month following qualifying life event, except newborns, for which coverage will go into effect as of their date of birth.** ***Family member Social Security Numbers are required!***

Name of Family Member	Birthdate	Relationship to Member	Gender	SSN	Action
			☐M ☐F		☐ Add ☐ Delete
			☐M ☐F		☐ Add ☐ Delete
			☐M ☐F		☐ Add ☐ Delete
			☐M ☐F		☐ Add ☐ Delete

THIS ENROLLMENT FORM IS NOT VALID UNLESS IT IS SIGNED AND DATED