

MICHIGAN CARPENTERS' FRINGE BENEFIT FUNDS

Michigan Carpenters' Health Care Fund
Michigan Carpenters' Pension Fund

Manage for the Trustees by:
TIC MIDWEST

September 2026

IMPORTANT NOTICE

**Re: *Michigan Carpenters' Health Care Fund (Fund)*
 2027 Physical Examination Reminder**

Dear Active Non-Medicare Participants:

As a reminder, the Fund offers two benefit levels: an *Enhanced Plan* and a *Standard Plan*.

To qualify for the Enhanced Plan, you must submit your annual physical to the Fund Office by **December 15, 2026**. If you do not get your annual physical in 2026, you will *only* be eligible for the *Standard Plan* in 2027. The *Standard Plan's* deductibles, copayments, and coinsurance are *higher* than the *Enhanced Plan*. Enclosed is the 2026 Physical Verification Form and a return envelope for your convenience. Completed forms can also be faxed to (517) 321-7508 or emailed to lansingfileclerks@ticmidwest.com.

Please do not hesitate to reach out to the Fund Office at (800) 273-5739 if you have any questions or to confirm receipt of your 2026 physical.

Sincerely,

Board of Trustees of the
Michigan Carpenters' Health Care Fund

Enclosures

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Physical Verification Form

*****MUST BE CODED AS A PHYSICAL BY PROVIDER*****

Member Instructions: Complete the top section of this form and take it to your physician to complete the bottom part of the form.		Date of Physical (mm/dd/yyyy)	
Participant Last Name		Participant First Name	
Participant Signature		Participant Identification # or Social Security #	
		Participant Telephone Phone #	
Physician instructions: Please complete all the fields below, sign this form, and FAX or MAIL the completed form to Michigan Carpenters' Health Care Fund 6525 Centurion Drive Lansing, MI 48917 Fax (517) 321-7508 Toll free (800) 273-5739 ***PHYSICALS MUST BE COMPLETED BY DECEMBER 15, 2026***			
Physician Signature: I verify that the above participant has had a routine physical.			
Physician Last Name		Physician First Name	
Physician Signature		Physician telephone number	Date(mm/dd/yyyy)
Fund Office Use: Updated BMS _____ Updated BCBSM effective _____ Division # _____ Examiner _____			