Open Enrollment Ends December 12, 2025

This enrollment form is only for members who are currently enrolled in Delta

The MA/MOSES Health and Welfare Trust Fund open enrollment period extends until December 12, 2025. All changes take effect January 1, 2026.

You must decide to enroll in Altus or the Open (Reimbursement) Plan by filling out the form below and return it directly to the Trust Fund via: email (HWTAdmin@moses-ma.org), fax (617-367-9371), or by mail to the address below.

- ☐ I am currently enrolled in the Delta Plan and would like to switch to the Altus Plan. I understand that I will be required to pay a weekly co-premium of:
  - ☐ $2.00 for an Altus individual plan
  - ☐ $6.00 for a 2-person Altus plan
  - ☐ $11.00 for an Altus family plan

- ☐ I am currently enrolled in the ☐ Delta Plan and would like to switch to the Open (Reimbursement) Plan.

Name: _____ Date: _____

Email: _____ Agency: _____

Signature: _____ Emp ID: _____

Mail to: **MA/MOSES HEALTH & WELFARE TRUST FUND**
P.O. Box 8099
Boston, MA 02114