UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS HEALTH AND WELFARE FUND

Biometric Screening Form – 2027 Benefits

Submission Deadline: September 30, 2026

Biometric screening data and lab work must have been collected between October 1, 2025 and September 30, 2026, and returned to the Fund Office for receipt by September 30, 2026. Biometric Screening Forms are only required if you wish to enroll in the best medical plan available to you. If you have a spouse who is covered under your benefit plan, he/she must also complete a Form. Please print all information clearly.

Please return to the Fund Office for receipt by September 30, 2026 using the following contact information:
Mail: 3031 B Walton Road Plymouth Meeting PA, 19462 | **Email:** Open.enrollment@kba74.com | **Fax:** (610) 941-9602

Patient Information (All Info Required)

Full Name:		Phone Number:
Gender:	Date of Birth:	Last Four Digits of SS#:
E-mail:	Employer:	
Please check one:	☐ I am a participant in the UFCW Local 1776 and Participating Employers Health & Welfare Fund ☐ I am the spouse of a participant	

Spouse's Information (If Applicable)

Spouse's Full Name:	Last Four Digits of Spouse's SS#:
Is your spouse a participant of the UFCW Local 1776 and Participating Employers Health & Welfare Fund? ☐ Yes ☐ No	

Biometric Screening Data and Lab Work (All Info Required)

To be filled out by your physician.

Biometric Screening Data
Date of Collection:
Height (Feet and Inches):
Weight (Pounds):
Blood Pressure (Systolic):
Blood Pressure (Diastolic):

Lab Work	
Date of Collection:	
HDL Cholesterol:	
LDL Cholesterol:	
Total Cholesterol:	
Triglycerides:	
Glucose: (and/or) A1C:	
Is the patient currently fasting? ☐ Yes ☐ No	

Ask Your Doctor if These Preventive Screenings are Appropriate for You:

(Screenings not required to be completed for Biometric Screening Form)

- Pap Smear
- Mammogram
- Prostate Cancer Screening
- Colorectal Screening, Fecal Occult Blood Test, Colonoscopy

Physician's Name: _____ **Physician's Phone:** _____

Physician's Signature: _____ **Date:** _____

Questions? Call the Fund Office at (610) 941 – 9400 ext. 107