



Managed for the Trustees by  
Wilson-McShane Corporation

**Enrollment questions: Toll Free 1- 833-479-9429  
or Direct 1-816-777-2669**

November 2023

Name  
Address Line 1  
Address Line 2  
City, State Zip

Dear Retired Participant,

You should have received the enclosed dental and vision election forms from the CIL Plan earlier this month. **If you want to continue to be enrolled in dental and/or vision coverage you must complete and return the form or you will not be allowed to elect dental or vision coverage at a later date.**

In order to allow additional time for you to make your election, the deadline has been extended. Please return the form to the Fund Office at the address indicated below **no later than Friday, December 15<sup>th</sup>.**

Mailing address:  
CIL Welfare Fund, PO Box 909500, Kansas City, MO 64190-9500

You may also scan and email it to:  
[CIL-Eligibility@wilson-mcshane.com](mailto:CIL-Eligibility@wilson-mcshane.com)

Please contact us with any questions.

Thank you –

CIL Welfare Eligibility Department