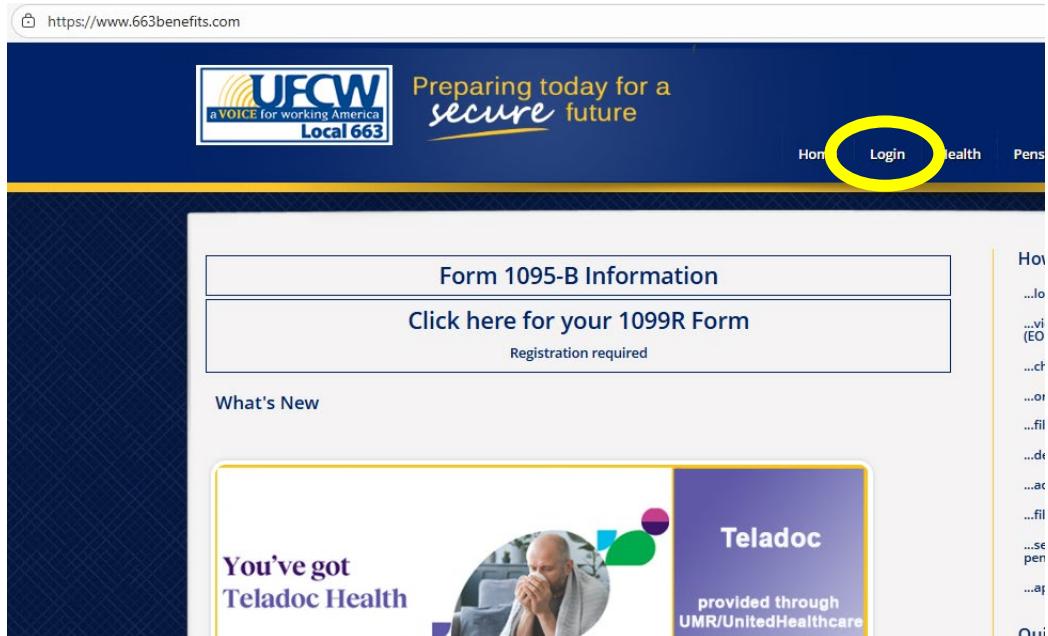
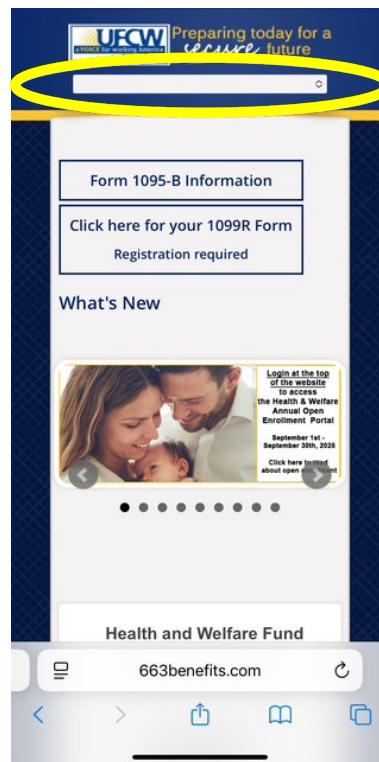


Minneapolis Retail Meat Cutters & Food Handlers Health & Welfare Fund
Health & Welfare New Hire Enrollment

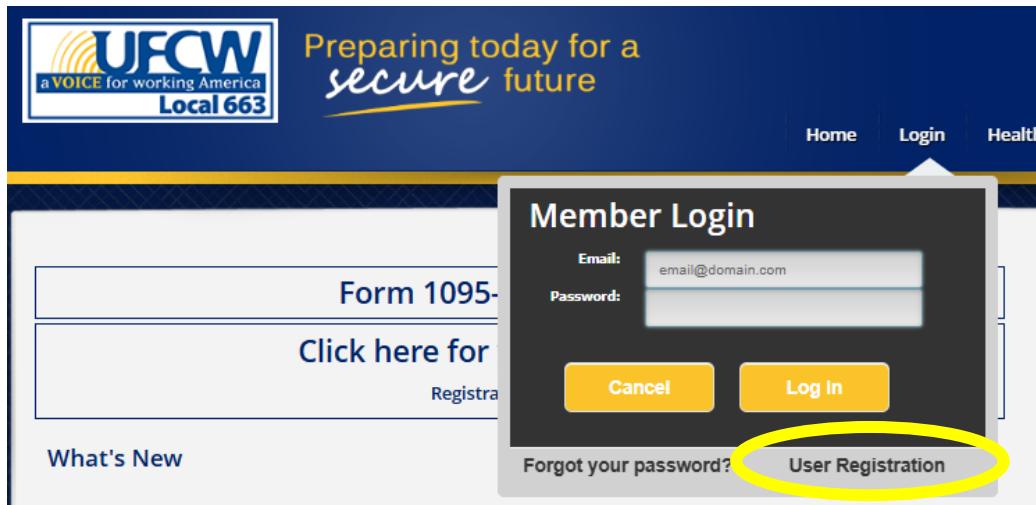
From the www.663benefits.com website, select Login at the top of the screen



If using your mobile device, click on the drop down menu and select Mobile Login



Select User Registration to create an account



Enter your information, agree to the terms of service, and click Register

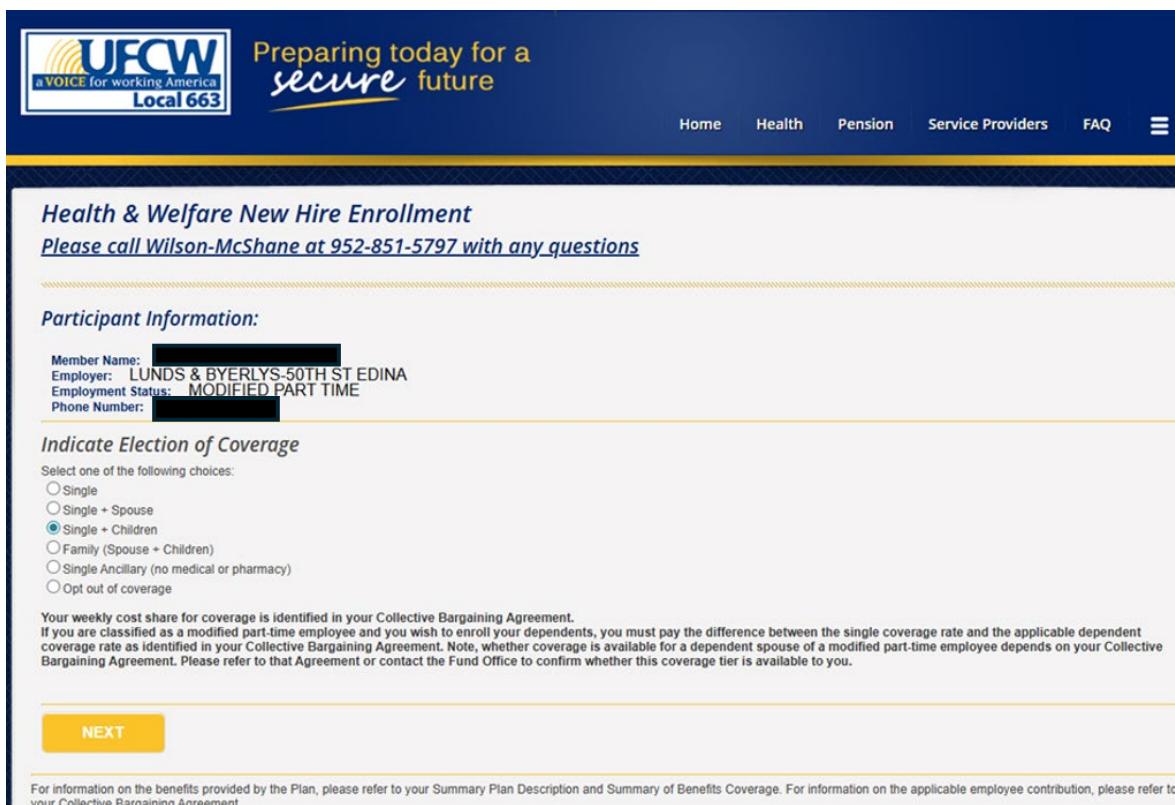
A screenshot of the "New User Registration" page. The header is identical to the previous page. The main form requires input for Email Address, Password, Social Security Number, Mobile Number, Last Name, Verify Email Address, Verify Password, Verify Social Security Number, Verify Mobile Number, Security Question, and Security Answer. Below the form is a "TERMS OF USE/ DISCLAIMER" section with detailed terms and conditions. At the bottom, a checkbox labeled "I Agree to the terms of service and privacy policy." is checked, and "Cancel" and "Register" buttons are present.

Click on the New Hire Enrollment portal on your welcome screen



The screenshot shows the UFCW Local 663 website. At the top, there is a logo for 'UFCW a VOICE for working America Local 663'. To the right of the logo, the text 'Preparing today for a secure future' is displayed. Below the logo, there are navigation links for 'Home', 'Health', 'Pension', and 'Service Providers'. The main content area is titled 'Welcome' and features a section for 'Health & Welfare New Hire Enrollment'. This section includes an image of a hand typing on a laptop with icons for 'EMPLOYEE BENEFITS' (shield, document, umbrella), the text 'Health & Welfare New Hire Enrollment', and a call-to-action button labeled 'CLICK HERE'. A yellow oval highlights the 'CLICK HERE' button. Below this section, there is a 'Participant Information:' header.

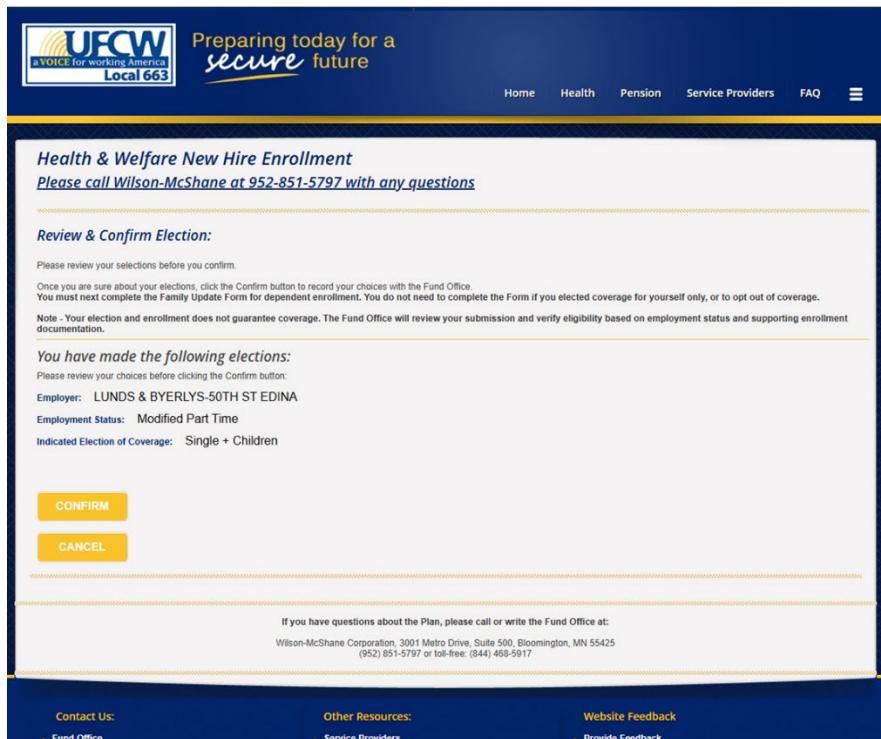
Make your coverage election and click Next



The screenshot shows the 'Health & Welfare New Hire Enrollment' page. At the top, there is a logo for 'UFCW a VOICE for working America Local 663' and the text 'Preparing today for a secure future'. Below the logo, there are navigation links for 'Home', 'Health', 'Pension', 'Service Providers', and 'FAQ'. The main content area is titled 'Health & Welfare New Hire Enrollment' and includes the text 'Please call Wilson-McShane at 952-851-5797 with any questions'. Below this, there is a 'Participant Information:' section with fields for 'Member Name', 'Employer', 'Employment Status', and 'Phone Number', all of which are redacted with black boxes. There is also a section titled 'Indicate Election of Coverage' with a list of options for selecting coverage status. A note at the bottom states: 'Your weekly cost share for coverage is identified in your Collective Bargaining Agreement. If you are classified as a modified part-time employee and you wish to enroll your dependents, you must pay the difference between the single coverage rate and the applicable dependent coverage rate as identified in your Collective Bargaining Agreement. Note, whether coverage is available for a dependent spouse of a modified part-time employee depends on your Collective Bargaining Agreement. Please refer to that Agreement or contact the Fund Office to confirm whether this coverage tier is available to you.' At the bottom of the page is a 'NEXT' button.

For information on the benefits provided by the Plan, please refer to your Summary Plan Description and Summary of Benefits Coverage. For information on the applicable employee contribution, please refer to your Collective Bargaining Agreement.

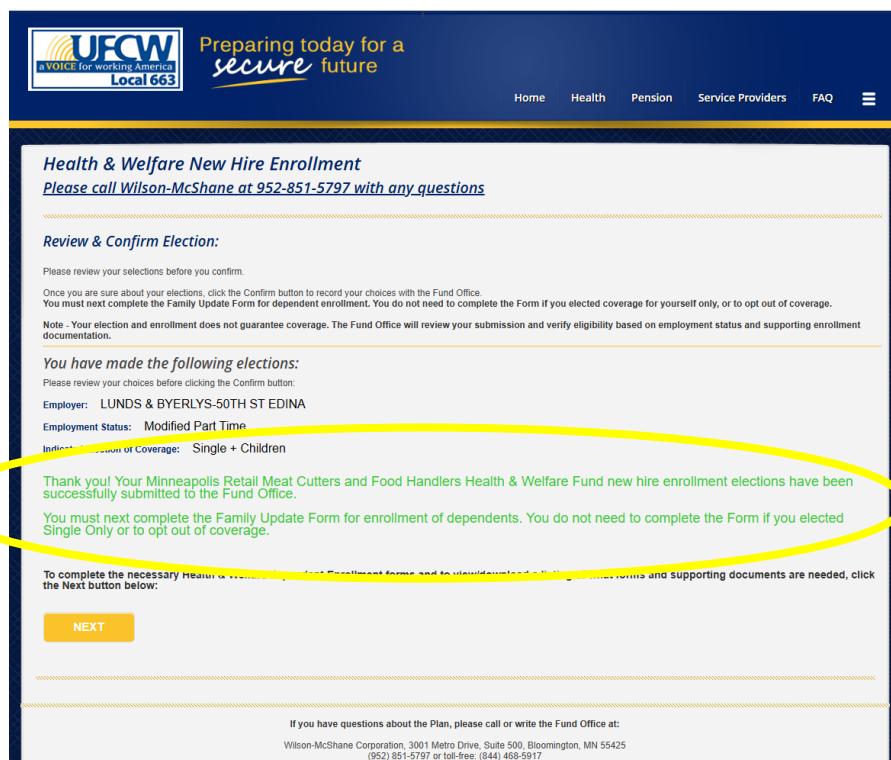
You will next review and confirm your election.



The screenshot shows the 'Health & Welfare New Hire Enrollment' page for UFCW Local 663. The top navigation bar includes links for Home, Health, Pension, Service Providers, and FAQ. The main content area displays the following information:

- Health & Welfare New Hire Enrollment**
- Please call Wilson-McShane at 952-851-5797 with any questions**
- Review & Confirm Election:**
- Text: Please review your selections before you confirm.
- Text: Once you are sure about your elections, click the Confirm button to record your choices with the Fund Office. You must next complete the Family Update Form for dependent enrollment. You do not need to complete the Form if you elected coverage for yourself only, or to opt out of coverage.
- Text: Note - Your election and enrollment does not guarantee coverage. The Fund Office will review your submission and verify eligibility based on employment status and supporting enrollment documentation.
- You have made the following elections:**
- Text: Please review your choices before clicking the Confirm button.
- Employer: LUNDS & BYERLYS-50TH ST EDINA
- Employment Status: Modified Part Time
- Indicated Election of Coverage: Single + Children
- CONFIRM** and **CANCEL** buttons.
- Text: If you have questions about the Plan, please call or write the Fund Office at: Wilson-McShane Corporation, 3001 Metro Drive, Suite 500, Bloomington, MN 55425 (952) 851-5797 or toll-free: (844) 465-5917
- Contact Us:** Fund Office
- Other Resources:** Service Providers
- Website Feedback:** Provide Feedback

Once you confirm your election you will see a message that your election has been submitted.



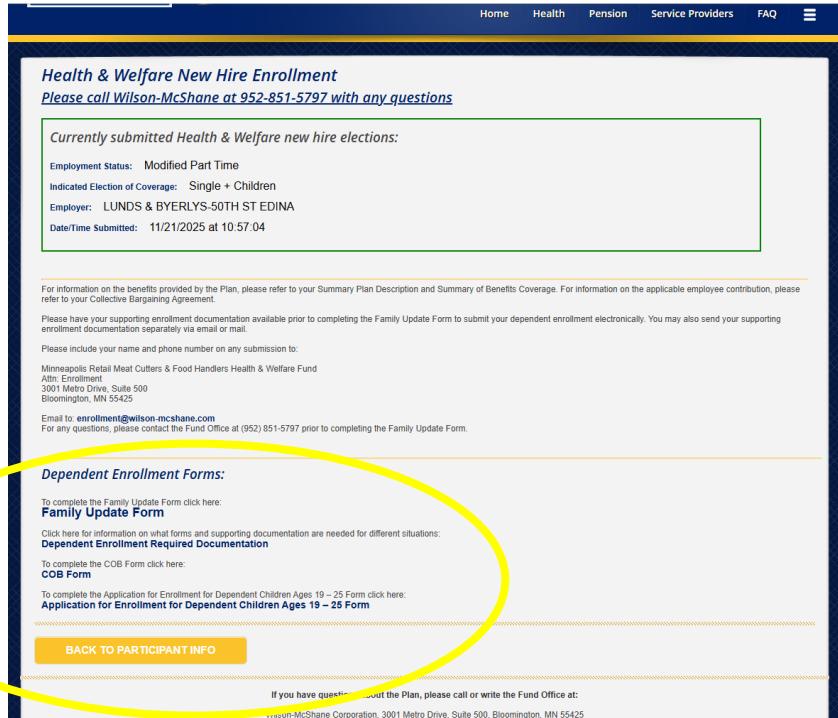
The screenshot shows the same enrollment page, but the message has changed to indicate the election has been submitted:

- Health & Welfare New Hire Enrollment**
- Please call Wilson-McShane at 952-851-5797 with any questions**
- Review & Confirm Election:**
- Text: Please review your selections before you confirm.
- Text: Once you are sure about your elections, click the Confirm button to record your choices with the Fund Office. You must next complete the Family Update Form for dependent enrollment. You do not need to complete the Form if you elected coverage for yourself only, or to opt out of coverage.
- Text: Note - Your election and enrollment does not guarantee coverage. The Fund Office will review your submission and verify eligibility based on employment status and supporting enrollment documentation.
- You have made the following elections:**
- Text: Please review your choices before clicking the Confirm button.
- Employer: LUNDS & BYERLYS-50TH ST EDINA
- Employment Status: Modified Part Time
- Indicated Election of Coverage: Single + Children
- Thank you! Your Minneapolis Retail Meat Cutters and Food Handlers Health & Welfare Fund new hire enrollment elections have been successfully submitted to the Fund Office.**
- You must next complete the Family Update Form for enrollment of dependents. You do not need to complete the Form if you elected Single Only or to opt out of coverage.**
- To complete the necessary Health & Welfare Fund enrollment forms and to view/download the necessary forms and supporting documents are needed, click the Next button below:**
- NEXT** button.
- Text: If you have questions about the Plan, please call or write the Fund Office at: Wilson-McShane Corporation, 3001 Metro Drive, Suite 500, Bloomington, MN 55425 (952) 851-5797 or toll-free: (844) 465-5917

The Fund Office will provide your coverage election to your employer to set up your cost-share payroll deduction.

Confirmation of your submitted New Hire Enrollment coverage election will show on your portal homescreen.

If you have elected to add coverage for a spouse and/or children, you will need to complete a Family Update Form and supporting enrollment documentation. This can be done through the portal, or you may submit it separately. Please note, coverage for your dependents may be delayed until all enrollment documents are provided to the Fund Office.



The screenshot shows a web-based enrollment portal for the Health & Welfare New Hire Enrollment. At the top, there are navigation links: Home, Health, Pension, Service Providers, FAQ, and a menu icon. Below the header, a section titled "Health & Welfare New Hire Enrollment" with the sub-instruction "Please call Wilson-McShane at 952-851-5797 with any questions". A green box contains the text: "Currently submitted Health & Welfare new hire elections:" followed by employment details: Employment Status: Modified Part Time, Indicated Election of Coverage: Single + Children, Employer: LUNDS & BYERLYS-50TH ST EDINA, and Date/Time Submitted: 11/21/2025 at 10:57:04. A yellow circle highlights the "Dependent Enrollment Forms" section, which includes links for the Family Update Form, Dependent Enrollment Required Documentation, COB Form, and Application for Enrollment for Dependent Children Ages 19 – 25 Form. At the bottom, there is a "BACK TO PARTICIPANT INFO" button and a note about contacting the Fund Office for questions about the Plan.

You will also receive an email confirming your coverage election and reminding you to submit a Family Update Form and supporting enrollment documentation for enrollment of dependents.



The email confirmation is from "no-response@wilson-mcshane.com" to "Dan Sondahl" on Friday, November 21, 2025, at 10:57 AM. The subject is "SECURE-MRMC UFCW Local 663 Benefits - Health & Welfare New Hire Enrollment Elections Confirmation." The email body includes the UFCW Local 663 logo and the text: "Preparing today for a secure future". It states: "Thank you! Your Minneapolis Retail Meat Cutters and Food Handlers Health & Welfare Fund new hire enrollment elections have been successfully submitted to the Fund Office." It also lists the elections received: Employment Status: Modified Part Time, Indicated Election of Coverage: Single + Children. A note says: "Your election and enrollment does not guarantee coverage. The Fund Office will review your submission and verify eligibility based on employment status and supporting enrollment documentation." A bold red text at the bottom says: "YOU MUST COMPLETE A FAMILY UPDATE FORM for enrollment of dependents. You do not need to complete the Form if you elected Single Only or to opt out of coverage. If you did not complete a family update form at the time of your new hire enrollment election, please return to the website to access the new hire enrollment portal to complete your dependent enrollment forms." A link for assistance is provided: "For questions or assistance, please visit the website at: <https://663benefits.com> or call the Fund Office at: (952) 851-5797."

[MRMC UFCW Local 663 Benefits](#)

If you have any questions or trouble logging on please contact the fund office at (952)851-5797 | (844)468-5917 for assistance.

Thank you!

If you have any questions, please call the Fund Office at 952-851-5797.