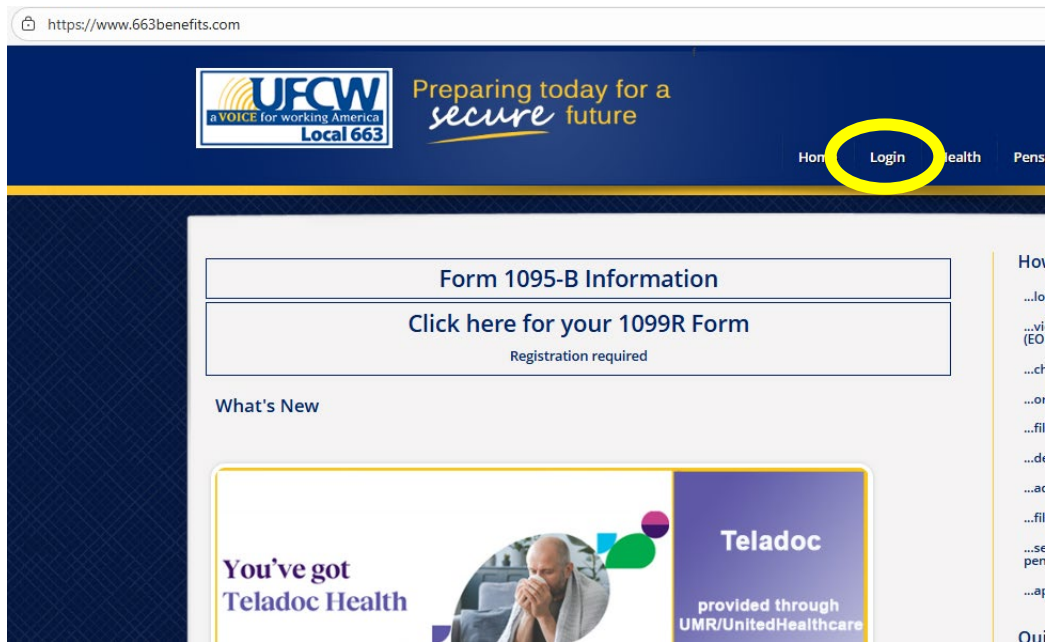
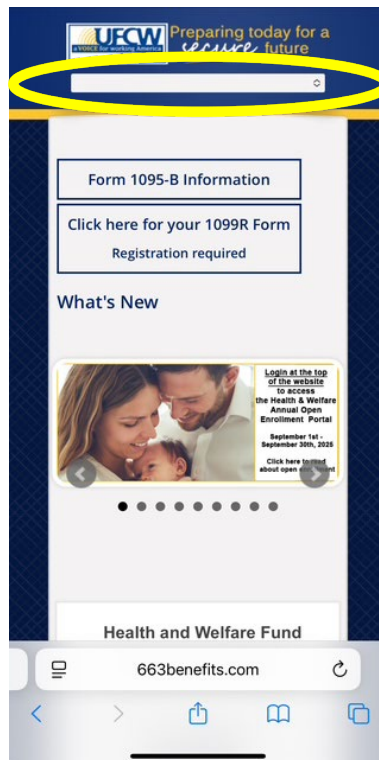


## Minneapolis Retail Meat Cutters & Food Handlers Health & Welfare Fund Health & Welfare New Hire Enrollment

From the [www.663benefits.com](https://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

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Home Login Health

Form 1095-  
Click here for  
Registra

What's New

**Member Login**

Email: email@domain.com

Password:

Cancel Log In

Forgot your password? **User Registration**

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

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Home Login Health Pension Service Providers FAQ

**New User Registration**

Please enter your information in the fields below, read and agree to the following Terms of Use/Disclaimer and click the Create New User button to create your secure Member Account.

Email Address: email@domain.com

Password:

Social Security Number: (No dashes)

Mobile Number: (No dashes)

Last Name:

Security Question: Question

Verify Email Address:

Verify Password:

Verify Social Security Number: (No dashes)

Verify Mobile Number: (No dashes)

Security Answer: Answer

**TERMS OF USE/ DISCLAIMER**

**Terms of Use:** Your use of this MRCM UFCW Local 663 Benefits web site signifies that you have read and understand the terms and conditions set out below, and that you agree to be bound by them. If you do not agree to be bound by these terms and conditions, you may not use this web site. The MRCM UFCW Local 663 Benefits reserves the right, in its sole discretion, to change, modify or otherwise alter these terms and conditions at any time, without notice to you. You must review the following terms and conditions on a regular basis to keep yourself apprised of any changes.

**Disclaimer:** This web site is for informational purposes only. It is not intended to, and does not, provide you with specific financial, legal, or medical advice. The benefits provided by the MRCM UFCW Local 663 Benefits are governed by specific provisions of the Plan Document and a number of statutes and regulations, all of which are complex and subject to change. Therefore, while we try to keep the information contained on this web site as current and accurate as possible, such information, and the sources of the information, are subject to change at any time. As a result, please note that:

- In the event of any inconsistency between the Plan Document and this web site, the Plan Document shall take precedence.
- The MRCM UFCW Local 663 Benefits does not guarantee the accuracy, reliability or completeness of any of the information contained on this Web site.

When making decisions with respect to your health and welfare benefits, you may wish to consider obtaining independent medical, financial and legal advice. No warranty of any kind (whether express, implied or statutory) is given to you in connection with the information provided to you on this web site or in connection with the manner in which it is transmitted to you over the Internet. The MRCM UFCW Local 663 Benefits and the Board of Trustees of the plan will not be liable for any damages, losses, costs or expenses arising from the use or performance of this web site, even if the MRCM UFCW Local 663 Benefits or the Board of Trustees of each plan has been advised of the possibility of such damages. **Email and Internet Communications** Communication by email over the Internet and other publicly accessible networks is not secure. **Any information that you send by email may be lost, intercepted or altered while it is being transmitted.**

If you choose to send information to the Fund Office by email or over the Internet, you do so at your own risk. The MRCM UFCW Local 663 Benefits and the Board of Trustees of each plan do not assume any liability for any damages you may experience or costs you may incur as a result of sending information by email or should you request it as a result of the MRCM UFCW Local 663 Benefits sending

☐ I Agree to the terms of service and privacy policy.

Cancel Register

Click on the New Hire Enrollment portal on your welcome screen



Make your coverage election and click Next

**Health & Welfare New Hire Enrollment**  
Please call Wilson-McShane at 952-851-5797 with any questions

---

**Participant Information:**

Member Name: [redacted]  
Employer: LUNDS & BYERLYS-50TH ST EDINA  
Employment Status: MODIFIED PART TIME  
Phone Number: [redacted]

---

**Indicate Election of Coverage**  
Select one of the following choices:

☐ Single  
☐ Single + Spouse  
☒ Single + Children  
☐ Family (Spouse + Children)  
☐ Single Ancillary (no medical or pharmacy)  
☐ Opt out of coverage

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.

**NEXT**

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.

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Home Health Pension Service Providers FAQ

### Health & Welfare New Hire Enrollment

Please call Wilson-McShane at 952-851-5797 with any questions

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**Review & Confirm Election:**

Please review your selections before you confirm.

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.

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:**

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**

**CANCEL**

---

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) 468-5917

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.

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Home Health Pension Service Providers FAQ

### Health & Welfare New Hire Enrollment

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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.

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:**

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 and welfare enrollment forms, and to upload needed supporting documents, click the Next button below:

**NEXT**

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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) 468-5917

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 portal for 'Health & Welfare New Hire Enrollment'. The header includes links for Home, Health, Pension, Service Providers, and FAQ. The main content area is titled 'Health & Welfare New Hire Enrollment' and includes a sub-header 'Please call Wilson-McShane at 952-851-5797 with any questions'. Below this, a box displays 'Currently submitted Health & Welfare new hire elections:' with details: Employment Status: Modified Part Time; Indicated Election of Coverage: Single + Children; Employer: LUNDS & BYERLYS-50TH ST EDINA; Date/Time Submitted: 11/21/2025 at 10:57:04. Further down, there is a section for 'Dependent Enrollment Forms:' which is circled in yellow. This section contains links for 'Family Update Form', 'Dependent Enrollment Required Documentation', 'COB Form', and 'Application for Enrollment for Dependent Children Ages 19 – 25 Form'. At the bottom of this section is a 'BACK TO PARTICIPANT INFO' button. The footer includes contact information for the Fund Office.

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 screenshot shows an email confirmation from 'SECURE:MRMC UFCW Local 663 Benefits - Health & Welfare New Hire Enrollment Elections Confirmation.' The email is addressed to 'no-response@wilson-mcshane.com' and is from 'Dan Sordahl'. The email body includes a banner for 'UFCW Local 663' with the tagline 'Preparing today for a secure future'. The main text of the email 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. The elections we received from you were as follows: Employment Status: Modified Part Time; Indicated Election of Coverage: Single + Children. 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 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. For questions or assistance, please visit the website at: https://663benefits.com/ or call the Fund Office at: (952) 851-5797. MRMCMC 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.