



California Service Employees Health and Welfare Trust Fund

828 West Washington Blvd. • Los Angeles, CA 90015
(213) 747-7551 • (877) 492-2778 • (877)HWCASRV

TO: ELIGIBLE EMPLOYEES OF DIVERSE FACILITY SOLUTIONS COVERED UNDER THE BOB HOPE AIRPORT JANITORIAL AND AGREEMENT

RE: HEALTH & WELFARE ENROLLMENT

Our records indicate that you are eligible for **MEMBER ONLY** Health & Welfare benefits through your employer and SEIU-USWW. Your new benefits are paid 100% by your employer, provided you have been employed for at least 30 days and are paid a minimum of 120 hours per month.

**KAISER "C" MEDICAL AND PRESCRIPTION DRUG BENEFITS
MEMBER-ONLY COVERAGE**

Co-pays are \$5 per doctor visit, \$5 per emergency room visit, \$5 for each generic drug and brand name drug. Please refer to the enclosed Plan Summary.

Please complete, **sign** and return the enclosed enrollment form. **Your health insurance cannot be activated without complete enrollment information.**

If you have any questions regarding your Health & Welfare benefits, please contact us at (213) 747-7551 or toll free (877) 492-2778.

Receipt of this notice does not constitute a determination of your eligibility.

In accordance with ERISA reporting requirements this document serves as your Summary of Material Modifications to the Plan and we are advising you of these Plan changes within 60 days of the adoption of those changes.