



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 DEL MAR THOROUGHbred CLUB

RE: HEALTH & WELFARE ENROLLMENT

Our records indicate that you are eligible for Health & Welfare benefits through your employer and SEIU-USWW. To qualify for these benefits, you must be employed for at least 30 days and paid a minimum of 100 hours per month.

You may enroll your eligible dependents to this coverage, which the Trust Fund defines as a lawful spouse or enrolled Domestic Partner (please contact the Trust Fund for special enrollment information), your children up to the age of 26, your disabled children for whom written evidence of the incapacity is provided to the Trust Fund. If you are enrolling your spouse, a copy of your marriage certificate must be provided, if you are enrolling your children, a copy of each child's birth certificate must be provided. Social Security numbers must be provided for each dependent, however, if your dependent(s) does not have a social security number, please contact the Trust Fund office for special enrollment information.

BENEFIT TYPE	DESCRIPTION
Kaiser "C" Medical and Prescription Benefits	Co-pays are \$5 per doctor visit, \$5 per emergency room visit, \$5 for each generic drug & \$5 for each brand name drug. Please refer to the enclosed Plan Summary.
DeltaCare USA #CAC30	Dental services are provided by DELTACARE USA which is a prepaid dental plan that offers \$0 co-pays for most services and you will be required to select a panel dentist from their participating list of providers in order to receive covered benefits.
Vision Insurance	VISION SERVICE PLAN (VSP) is a vision plan that is widely accepted by most eye care providers and offers routine eye exams, prescription glasses OR contacts, in addition to laser vision correction discounts. Please refer to the enclosed plan summary for benefit details.
Life Insurance	You are eligible for \$3,000 life insurance as part of your Health & Welfare benefits through the Trust Fund. For each covered month that you are eligible, your life insurance benefit will remain in effect. To qualify for the life insurance benefit, you must be eligible in the month of passing.

Please complete, **sign** and return the enclosed enrollment form with the required documents and beneficiary designation card. **Be advised that 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.