



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 PLAN PARTICIPANTS COVERED UNDER THE RETAIL FOOD INDUSTRY AGREEMENT

RE: HEALTH & WELFARE BENEFITS

Our records indicate that you are eligible for Health & Welfare benefits described below through your employer and SEIU-USWW. The Trust Fund coverage is offered to all eligible employees who have been employed for at least 30 days and have worked and/or been paid the minimum of 80 hours a 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	Employee's Monthly Portion
Kaiser "C-7" Medical and Prescription Benefits	Co-pays are \$20 per doctor visit, \$50 per emergency room visit, \$10 for each generic drug & \$20 for each brand name drug. Please refer to the enclosed Plan Summary.	<i>Please contact your employer for your monthly portion of the benefits listed.</i>
Liberty Dental #LR-200	Dental services are provided by LIBERTY DENTAL 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.	
Life Insurance	You are eligible for \$5,000 life insurance and your covered dependents are eligible for \$2,500 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.