



# 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: REGULAR EMPLOYEES COVERED UNDER THE LOS ANGELES/ORANGE COUNTY MAINTENANCE CONTRACTORS AGREEMENT**

**RE: HEALTH & WELFARE ENROLLMENT**

Our records indicate that you are eligible for Health & Welfare benefits through your employer and SEIU-USWW. Your benefits are paid 100% by your employer, provided you have been employed for at least 1,040 hours and are paid a minimum of 110 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
<b>Kaiser "C-8" Medical and Prescription Benefits</b>	Co-pays are \$10 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.
<b>MetLife PPO Dental Value Plan</b>	Dental services are provided by METLIFE PPO Dental Value Plan with \$0 co-pays on preventive services (cleanings, exams, x-rays), 40% co-pays on basic restorative services and 50% co-pays on major restorative and orthodontic services. Please refer to the enclosed plan summary for benefit details.
<b>Vision Insurance</b>	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.
<b>Life Insurance</b>	You are eligible for \$20,000 life insurance and your covered dependents are eligible for \$10,000 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.*