

## **Nondiscrimination Notice Under Section 1557 of the Affordable Care Act**

### **Discrimination Is Against the Law**

The Electrical Insurance Trustees Health & Welfare Participatory Plan (the “Plan”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. The Plan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

The Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters; and
  - Written information in other formats (large print, audio, accessible electronic formats, and other formats); and
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters; and
  - Information written in other languages.

If you need these services, contact Mr. Sean P. Madix, the Civil Rights Coordinator.

If you believe that the Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Mr. Sean P. Madix, Civil Rights Coordinator  
Electrical Insurance Trustees Insurance Trust Fund  
221 N. LaSalle Street, Suite 200  
312-782-5442 (main phone)  
312-782-9765 (fax)  
smadix@fundoffice.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Mr. Sean P. Madix, Civil Rights Coordinator, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Illinois Top 15 Languages

|            |   |
|------------|---|
| Spanish    | ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-312-782-5442, ext. 214.                            |
| Polish     | UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-312-782-5442, ext. 214.                                    |
| Chinese    | 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-312-782-5442, ext. 214.   |
| Korean     | 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-312-782-5442, ext. 214 번으로 전화해 주십시오.   |
| Tagalog    | PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-312-782-5442, ext. 214.          |
| Arabic     | ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-312-782-5442, ext. 214  |
| Russian    | ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-312-782-5442, ext. 214.                                      |
| Gujarati   | સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-312-782-5442, ext. 214.   |
| Urdu       | خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں-1-312-782-5442, ext. 214  |
| Vietnamese | CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-312-782-5442, ext. 214.   |
| Italian    | ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-312-782-5442, ext. 214. |
| Hindi      | ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-312-782-5442, ext. 214 पर कॉल करें।                                    |
| French     | ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-312-782-5442, ext. 214.                     |
| Greek      | ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-312-782-5442, ext. 214.         |
| German     | ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-312-782-5442, ext. 214.                |

## IMPORTANT INFORMATION

This Benefits Update is intended to serve as a Summary of Material Modifications for the Electrical Insurance Trustees Health & Welfare Participatory Plan. If any conflicts exist between the terms of this Benefits Update and the official Plan document, the terms of the official Plan document will control. The Trustees reserve the right to amend, modify or terminate the Plan at any time. Receipt of this Benefits Update does not confer any eligibility or entitlement to any benefits under the Plan.

Electrical Insurance Trustees Health & Welfare Participatory Plan

Employer Identification Number: 36-1033970

Plan Number: 501

October 2016