

I.B.E.W. LOCAL 17

HEALTH AND WELFARE FUND

P.O. Box 1347 • Troy, MI 48099-1347 • 1-800-873-7780 or 1-248-641-4917

NOTICE OF NONDISCRIMINATION

The I. B. E. W. Local 17 Health and Welfare Fund (the “Fund”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Fund does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Fund:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Joan Janks.

If you believe that the Fund 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: Joan Janks, Plan Manager, 700 Tower Drive, Suite 300, Troy, Michigan 48098, 1-248-641-1497, 1-248-813-9898 (fax), Joan.Janks@benesys.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Joan Janks, Plan Manager, 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, 1-800-537-7697 (TDD)

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

