



IBEW LOCAL 234 HEALTH AND WELFARE PLAN



AFFORDABLE CARE ACT **NOTICE OF NONDISCRIMINATION**

Discrimination is Against the Law

The IBEW 234 Electrical Workers Health and Welfare Plan (“the Plan”) is required by the Affordable Care Act to provide you with this Notice of Nondiscrimination about your rights under the law. 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 their race, color, national origin, age, disability, or sex. For example, the law requires that women be treated equally with men in the health care they receive and prohibits the denial of health coverage based on pregnancy, gender identity and sex stereotyping. The Plan:

- 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 any of the above services, please contact the Trust Fund Office (408) 588-3753 or Toll Free (877) 885-3753.

Your Right to File Grievance & Appeal with the Plan’s 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 written grievance (including an appeal) in person or by mail, fax, or email with the Plan’s Civil Rights Coordinator at the contact below. If you have questions on the Plan’s grievance procedures or need help filing a grievance, please contact the Plan’s Civil Rights Coordinator, Matthew Morbello, Esq.

Chief Compliance Office
IBEW Local 234 Health and Welfare Trust Fund
7180 Koll Center Parkway, Suite 200
Pleasanton, CA 94566
Telephone: (925) 398-7060 or (925) 478-4837

Your Right to File Complaint with the U.S. Department of HHS

The availability of the Plan’s grievance procedure does not prevent you from pursuing other legal remedies. 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, DC 20201,
Telephone: 1-800-868-1019, 800-537-7697 (TDD).
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

For more information

For more information about the ACA Nondiscrimination rules, please visit www.hhs.gov/civil-rights/for-individuals/section-1557.



ATTENTION: FOR FREE LANGUAGE ASSISTANCE CALL 1 (877) 885-3753

Language	Message About Language Assistance
Español Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1 (877) 885-3753.
Tagalog Filipino	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1 (877) 885-3753.
繁體中文 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 (877) 885-3753.
Tiếng Việt Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1 (877) 885-3753.
한국어 Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1 (877) 885-3753. 번으로 전화해 주십시오.
Հայերեն Armenian	Ուշադրություն: Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվակախման անվճար ծախսերը: Ձանգահարեք 1 (877) 885-3753.
ภาษาไทย Thai	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1 (877) 885-3753.
日本語 Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1 (877) 885-3753. まで、お電話にてご連絡ください。
العربية Arabic	ملحوظة: إذا كنت تتحدث انكز اللغة، فإن خدمتك المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1 (877) 885-3753.
Русский Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1 (877) 885-3753.
ਪੰਜਾਬੀ Punjabi	ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1 (877) 885-3753 'ਤੇ ਕਾਲ ਕਰੋ।
Persian* فارسی Farsi	وجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1 (877) 885-3753 تماس بگیرید.
ខ្មែរ Mon-khmer Cambodian	ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1 (877) 885-3753 ។
Hmoob Hmong	LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1 (877) 885-3753.
हिंदी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1 (877) 885-3753 पर कॉल करें।

*Persian written translated tagline is provided in the Farsi language.