www.paintersdc30.com

888.519.9500

Notice Informing Individuals about Nondiscrimination and Accessibility Requirements, and **Nondiscrimination Statement** Painters' District Council No. 30 Health & Welfare Plan, and the Painters' District Council No. 30 Member Reimbursement Account Plan

October 13, 2016

Esta notificación puede ser importante para usted si esta teniendo dificultad en comprender los beneficios y de usar los beneficios que se ofrecen bajo el plan de Salud y Bienestar de PDC 30 o MRA debido a una discapacidad o porque el inglés no es su lenguaje primario. Si usted requiere asistencia, comuníquese con la Oficina de Beneficios. Si usted quiere una copia de este Aviso en español, por favor llame a la Oficina de Beneficios al 630-513-9500 ó 888-519-9500.

Discrimination is against the law and the Painters' District Council No. 30 Health & Welfare Plan (the "Health & Welfare Plan") and the Painters' District Council No. 30 Member Reimbursement Account Plan (the "MRA") comply with applicable Federal civil rights laws and do not discriminate in the provision of benefits on the basis of race, color, national origin, age, disability, or sex. The Health & Welfare Plan and the MRA do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

In addition, the Health & Welfare Plan and the MRA provide free aids and services to people with disabilities to communicate effectively with the Benefits Office, such as:

- qualified sign language interpreters, and
- written information in other formats.

The Health & Welfare Plan and MRA also provide 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 the Benefits Office at 630-513-9500.

If you believe the Health & Welfare Plan or MRA 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 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.