**IMPORTANT NOTICE CONCERNING CHANGES TO THE**

**4TH DISTRICT IBEW HEALTH FUND**

This Summary of Material Modification (SMM) is being provided to inform you of important changes to the 4th District IBEW Health Building Trades and Flexible Choice Plans. Please take the time to read this notice carefully and keep it with your records. If you have questions regarding these changes, please contact the Fund Office.

**Weekly Disability Benefits**

Effective December 1, 2024, weekly disability benefits will not be paid for any period in which a participant is also receiving state unemployment benefits.

Sincerely,

The Board of Trustees

4th District IBEW

Health and Welfare Fund

**If you speak [language], language assistance services, free of charge, are available to you. Call 304-781-3192 (TTY: 304-781-3192).**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 304-781-3192.

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 304-781-3192。

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 304-781-3192.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 304-781-3192.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-304-781-3192x (رقم هاتف الصم والبكم: 1-304-781-3192x).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 304-781-3192.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 304-781-3192 번으로 전화해 주십시오.

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。304-781-3192まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 304-781-3192.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 304-781-3192.

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 304-781-3192.

ध्यान दिनुहोस्: तपार्इंले नेपाली बोल्नुहुन्छ भने तपार्इंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 304-781-3192 ।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 304-781-3192.

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں 304-781-3192.

**Important Disclosure**

The 4th District IBEW Health 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 4th District IBEW Health Fund does not exclude people or treat them differently due to race, color, national origin, age, disability or sex.

The 4th District IBEW Health 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: American Benefits Corporation, 3150 US Route 60, Ona, WV 25545; 304-781-3912 or 888-466-9094 (Press “3” after the greeting).

If you believe that the 4th District IBEW Health Fund has failed to provide these services or discriminated in any other way on the basis of race, color, national origin, disability or sex, you can file a grievance with: American Benefits Corporation, 3150 US Route 60, Ona, WV 25545; 304-781-3912 or 888-466-9094 (Press “3” after the greeting).

You can file a grievance in person or by mail, fax or e-mail. If you need help filing a grievance, the Plan Administrator 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*](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf)*,* or by mail at: U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD). Complaint forms are available at: [*http://www.hhs.gov/ocr/office/file/index.html*](http://www.hhs.gov/ocr/office/file/index.html)*.*