

KENTUCKY LABORERS DISTRICT COUNCIL HEALTH AND WELFARE FUND

1996 Bypass South
Lawrenceburg, KY 40342

Telephone: (502) 839-8166

FAX: (502) 839-3558

SUMMARY OF MATERIAL MODIFICATION - (Mailed February 2022)

SUMMARY OF PLAN CHANGE: INCREASE TO ACCIDENT & SICKNESS WEEKLY BENEFIT -- ACTIVE PLAN OF BENEFITS

Effective as of February 1, 2022, the Accident & Sickness Weekly Benefit (Loss of Time Disability) will be increased from \$400 per week / \$57.14 per day for 13 weeks to \$500 per week / \$71.43 per day for 13 weeks. This benefit is subject to federal and state tax. Benefits are paid from the first (1st) day of treatment for disability due to accident and the eighth (8th) day of treat for disability due to sickness.

If you have any questions regarding the information in this document, please contact the Fund. The toll-free number is 1 (800) 598-7330.

The Health 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, 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

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1 (502) 839-8166.

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 (502) 839-8166。

If you need these services, contact the Fund Office. If you believe that the Health 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 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, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

For the Board of Trustees

Kentucky Laborers District Council Health & Welfare Fund