

Nondiscrimination Notice Under Section 1557 of the Affordable Care Act

Discrimination Is Against the Law

Sheet Metal Workers' Local 73 Welfare Fund complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Sheet Metal Workers' Local 73 Welfare Fund does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Sheet Metal Workers' Local 73 Welfare 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 Ms. Donna Parzynski, the Civil Rights Coordinator.

If you believe that Sheet Metal Workers' Local 73 Welfare 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: Ms. Donna Parzynski, Civil Rights Coordinator, Sheet Metal Workers' Local 73 Welfare Fund, 4530 Roosevelt Road, Hillside, Illinois 60162, Telephone: 1-708-449-2122, Fax: 1-708-449-7333, E-Mail: dparzynski@sm73funds.org. You can file a grievance in person or by mail, fax, or e-mail. If you need help filing a grievance, Ms. Donna Parzynski 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, 800-537-7697 (TDD)

Addendum to the Summary of Benefits and Coverage

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

Illinois Top 15 Languages

Language	Message About Language Assistance
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-708-449-2122.
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-708-449-2122.
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 1-708-449-2122.
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-708-449-2122 번으로 전화해 주십시오.
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-708-449-2122.
Arabic	مقر (1-708-449-2122). مقرب لصتا. ناچملا ب كل رفوات قيوغلا قدعاسملا تامدخ نإف، ةغللا ركذا تدهتت تنك اذ: عظوحلم.
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-708-449-2122.
Gujarati	ધુના: જો તમે જરાતી બોલતા હો, તો િન:લુ ભાષા સહાય સેવાઓ તમારા માટ ઉપલબ્ધ છ. ફોન કરો 1-708-449-2122.
Urdu	لاک - نیہ بایتسد نیم نغم تامدخ یک ددم یک نابز وک پآ وت، نیہ ےتلوب ودرآ پآ رگا: رادربخ نیرک 1-708-449-2122.
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-708-449-2122.
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-708-449-2122.
Hindi	ध्यान द: यद आप हदी बोलते ह तो आपके लिए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1-708-449-2122. पर कॉल कर।
French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-708-449-2122.
Greek	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-708-449-2122.
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-708-449-2122.