



**Benefit Fund for Hospital & Health Care Employees -
Philadelphia and Vicinity**

1319 Locust Street, Philadelphia, PA 19107 • (215) 735-5720 • FAX (215) 985-9232

**BENEFIT FUND FOR HOSPITAL AND HEALTH CARE EMPLOYEES
– PHILADELPHIA AND VICINITY
NOTICE OF NONDISCRIMINATION**

The Benefit Fund for Hospital and Health Care Employees – Philadelphia and Vicinity (“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 Fund does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The 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 LaVerne DeValia, Executive Director of the Fund at the Fund Office. The Fund Office is located at 1319 Locust Street, Philadelphia, Pennsylvania 19107. The Fund Office is generally open for business Monday through Friday from 9:00 a.m. through 5:00 p.m., except holidays. The Fund Office phone numbers are 215-735-5720 and 800-531-1199 and the fax number is 215-735-4796. The Executive Director may also be reached by email at ldevalia@1199cfunds.org.

If you believe that the 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 submit a written complaint to the Executive Director in person at the Fund Office, by mail, by fax or by email at the contact information listed above. Complaints must be submitted to the Executive Director within 60 days of the date the person filing the complaint becomes aware of the alleged discriminatory action. The written complaint must contain the name and address of the person filing it and must state the problem or action alleged to be discriminatory and the remedy or relief sought. If you need help filing a complaint, the Executive Director 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, DC 20201, 1-800-868-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-215-735-5720/800-531-1199.

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 1-215-735-5720/800-531-1199。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-215-735-5720/800-531-1199.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-215-735-5720/800-531-1199.

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannsch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-215-735-5720/800-531-1199.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-215-735-5720/800-531-1199 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-215-735-5720/800-531-1199.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل -1-215-735-5720/800-531-1199.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-215-735-5720/800-531-1199.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-215-735-5720/800-531-1199.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-215-735-5720/800-531-1199.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-215-735-5720/800-531-1199.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-215-735-5720/800-531-1199.

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-215-735-5720/800-531-1199.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-215-735-5720/800-531-1199.