

**United Food and Commercial Workers Unions
and Participating Employers
Health and Welfare Fund**

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (410) 683-6500
(800) 638-2972
www.associated-admin.com

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Landover, Maryland 20785-6102
Telephone: (301) 459-3020
(800) 638-2972
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November 2017

Dear Shoppers Plan Y Part Time Participant:

From now until December 27th is open enrollment for your health coverage through the UFCW Unions & Participating Employers Health and Welfare Fund. ***Our records indicate you are not currently enrolled.***

If you would like to enroll yourself for coverage, you are responsible for paying a small portion of the cost. That cost under your Plan is **\$5 per week** for single coverage, payable via payroll deduction. Dependent coverage is available for Plan Y Part Time participants – it is offered in January each year, for coverage beginning in March. The cost to you for dependent coverage is 20% of the overall cost of coverage, paid via weekly payroll deduction. Contact your employer for the exact amount of the deduction.

I Want Coverage. How Do I Enroll?

Complete the enclosed payroll deduction form and enrollment application and return it to the Fund Office via mailing address, fax number, or send to the email address shown below:

Mail to: Fund Office
911 Ridgebrook Road
Sparks, MD 21152-9451
Attn: Shoppers Enrollment
Fax: (410) 683-7792
Email: enroll@associated-admin.com

If you email forms, please use only the last four digits of your Social Security Number to ensure privacy.

VERY IMPORTANT! You must SIGN and return both the enrollment form and the payroll deduction form to the Fund office by December 27th for coverage effective January 1, 2018. If you don't choose to enroll at this time, you will not have another opportunity until open enrollment in fall of 2018, for coverage effective January of 2019.

General information about your Plan may be found on the Fund Office website. Go to www.associated-admin.com. Click on "Your Benefits," then "UFCW Unions & Partic. Emps Health and Welfare Fund" to see information about your Plan, or refer to the enclosed Summary of Benefits and Coverage ("SBC").

Sincerely,

Fund Office

Enclosures