



BRUCE W. BOTH, Plan Manager
Employee Trustees
ANTHONY G. SPEELMAN
RHONDA NELSON
ROBERT W. NEWELL, JR.
FRED WALTER

WELFARE AND PENSION FUNDS

425 MERRICK AVENUE
WESTBURY, NY 11590
516-214-1300

Employer Trustees
DAVID B. GILLIS
HOWARD GLICKBERG
RICHARD GROBMAN
MICHAEL GROSSO
DEREK KINNEY

Remember:

This document applies **ONLY** to Full-Time and Special Part-Time members

- **Preventive Services are free, when using in-network providers**
(assuming you are receiving an in-network preventive service such as a routine physical, blood pressure screening, well women screening, etc. you pay \$0)
- **The deductible is paid before anything** (i.e. the Fund does not pay anything until you have paid your deductible, unless it's in-network preventive services, then it's free)
- **Ancillary benefits are offered to FT spouses, regardless of whether they're on our plan or not** (Spouses of FT members who have medical and prescription drug coverage through their employer still receive dental, vision, life, AD&D and disability benefits through the Fund)
- **Spouses of FT members enrolled in their employer's plan will still be eligible for medical and prescription drug benefits under the Local 1500 Welfare Fund on a secondary basis** (The employer's plan pays benefits first and the Local 1500 Welfare Fund pays benefits second)
- **Coinsurance does not apply to copays services** (i.e. if you see your physician for an office visit, you only pay \$25, you don't pay 20% or 30% of the remaining balance. The 20% or 30% coinsurance will still apply to lab and x-ray)
- **Copay, Coinsurance and Deductible all apply to the Out-of-Pocket Maximum** (all your expenses accumulate toward either the individual or family out-of-pocket maximum)

- **Once you hit your annual in-network Out-of-Pocket Maximum, you pay nothing (the annual out-of-pocket maximum is the most an individual will pay in any one plan year for in-network services.**

Once you have reached your maximum, you do not pay anymore, not copays or deductibles, nothing)

- **Emergency Room Copay is waived if you are admitted** (if you are admitted to the hospital, you do not pay the \$100 copay)
- **New ID Card Coming** (you must bring to your physician, for both Anthem and Magnacare providers)
- **Forms available on the web** (if you need any forms, more details on a specific benefit, want to review the Summary Plan Description or Summary of Material Modifications, you can access them 24/7 at www.associated-admin.com, click on the "Your Benefits" tab, and then click on UFCW 1500 Welfare Fund)

UFCW
a VOICE for working America
LOCAL 1500

PENSION AND WELFARE FUNDS
425 MERRICK AVENUE
WESTBURY, NY 11590
TEL: 516-214-1300

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February 2014

**RE: UFCW Local 1500 Welfare Fund
Full -Time Plan – Spousal Coverage**

Dear Participant:

As you indicated in your response to the Fund's eligibility questionnaire received a few months ago, you currently have enrolled your spouse for coverage in the UFCW Local 1500 Welfare Fund. As outlined in the Summary of Material Modification ("SMM") recently distributed to Plan Participants, effective March 1, 2014, any spouse who has access to other coverage through his/her employer, will not be eligible for coverage under the Plan. The "access to other coverage exclusion" applies regardless of the premium charged by the spouse's employer or the level of benefits provided by the spouse's employer. Coverage for spouses currently covered under the Plan who have access to other coverage will terminate February 28, 2014.

This letter is being sent to better explain the modifications to the Full-Time Plan, effective March 1, 2014 and to request you provide additional information where indicated.

First, regarding any spouse currently enrolled in the Full-Time Plan that has the availability of coverage through his/her employer and failed to take it, please be advised that if the health coverage through your spouse's employer contains an "enrollment period" that has since passed and is not open for your enrollment until a date later in the year, (i.e., enrollment allowed in October, November & December for coverage beginning January 1, 2015), the UFCW Local 1500 Welfare Fund will continue to cover your spouse until the next available coverage date. However, if the coverage available to your spouse through his/her employer contains an "open enrollment" period immediately upon the termination of your spouse's health coverage provided under the UFCW Local 1500 Welfare Fund (i.e., your coverage terminates March 1, 2014 and

your spouse can enroll in his/her employer's plan as of that date or April 1, 2014), your spouse is required to enroll in the coverage provided by his/her employer as soon as possible. The UFCW Local 1500 Welfare Fund will continue to cover your spouse until the first possible date of coverage under his/her employer's health plan. Please be aware that your spouse's failure to enroll in any such plan that contains an "open enrollment" period, will be cause for termination of coverage effective March 1, 2014 or the first of the month of the Fund's notification of the existence of such coverage. For proper Plan administration, your spouse must submit a form/letter from his/her employer indicating the enrollment options available to him/her in order to continue coverage under the Local 1500 Welfare Fund Full-Time Plan.

Second, if your spouse is covered under his/her employer's health plan or, if the coverage available to your spouse through his/her employer's health plan contains an open enrollment period immediately upon termination of coverage under the UFCW Local 1500 Welfare Fund, once your spouse has enrolled in his/her employer's health plan, the UFCW Local 1500 Welfare Fund coverage provided to your spouse will be on a "secondary" basis. This means all claims for services rendered to your spouse must first be submitted to the coverage provided by his/her employer (the "primary" coverage). Any balance remaining after that plan has processed the claim may be submitted to the UFCW Local 1500 Welfare Fund for consideration. Please note, this is **NOT** a guarantee of payment by the UFCW Local 1500 Welfare Fund. All claims that are incurred in this situation will be processed pursuant to the Fund's Coordination of Benefits rule outlined in your Summary Plan Description (SPD).

We hope this letter has put aside any questions or concerns regarding the change to the Full-Time Plan effective March 1, 2014. However, if you still have any questions, please contact the Medical Department of the Fund at (800) 522-0456. The personnel there are more than happy to answer your questions and address your concerns.

It gives your Union, the Fund and the Fund's Board of Trustees great pride in providing you and your family these benefits.

Sincerely,

Board of Trustees

**UFCW LOCAL 1500 WELFARE FUND FULL-TIME PLAN
SPOUSAL ENROLLMENT INFORMATION**

Member's Name: _____

Member's Social Security Number: _____

Member's Date of Birth: _____

Member's Address: _____

Spouse's Name: _____

Spouse's Date of Birth: _____

Spouse's Social Security Number: _____

Spouse's Address, if different than yours: _____

Spouse's Employer: _____

Spouse's Employer Address: _____

Spouse's Employer Phone Number: _____

Year(s) Employed at Above Employer: _____

Is Health Coverage available through Spouse's Employer? Yes or No
(Please circle applicable answer)

If yes, type of Coverage provided: Individual or Family (Please circle applicable answer)

Is your Spouse eligible for Coverage under his/her Employer's Health Plan? Yes or No
(Please circle applicable answer)

If no, please explain in the comments section on next page.

If no, was a waiver signed by your Spouse to Opt-Out of his/her Employers Health Plan? Yes or No
(Please circle applicable answer)

If no, was your Spouse reimbursed for choosing not to be covered under his/her Employer's Health Plan? Yes or No (Please circle applicable answer)

**UFCW LOCAL 1500 WELFARE FUND FULL-TIME PLAN
SPOUSAL ENROLLMENT INFORMATION**

Is Spouse covered under Employer's Health Plan? Yes or No
(Please circle applicable answer)

If so, Name of Insurance Company or Coverage: _____

Policy #: _____

Effective Date of Coverage in Employer Health Coverage? _____

Is there an Enrollment Period to participate in your Spouse's Employer's Health Plan? Yes or No
(Please circle applicable answer)

If yes, next enrollment Period: From: _____ To: _____; Effective Date of Coverage: _____

What type of Coverage is provided to your Spouse by his/her Employer? Please note all applicable benefits:

COVERAGE	YES	NO	COVERAGE	YES	NO
Hospital			Dental		
Medical			Optical		
Prescription Drug					

COMMENTS: _____

IMPORTANT NOTICE: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY/HEALTH FUND OR OTHER PERSON, FILES A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT OR MATERIAL COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

I, _____, state that I have read the above and I understand the information.
Print Member's Name

I further state that I personally completed this form and all information is complete and accurate.

Member's Signature: _____

Date: _____

RETURN FORM TO:
UFCW Local 1500 Welfare Fund
Attn: Medical Department
425 Merrick Avenue
Westbury, NY 11590



UFCW LOCAL 1500 WELFARE FUND

EMPLOYER INFORMATION (MUST BE COMPLETED)

Company Name _____ Store Number _____
PLEASE PRINT

Address _____ City _____ State _____ Zip _____

EMPLOYEE INFORMATION (MUST BE COMPLETED)

Name _____ Telephone Number (____) _____ - _____
PLEASE PRINT

Social Security Number - _____

ELECTION DESIGNATION BELOW (MUST BE COMPLETED)

- I elect to participate in the UFCW Local 1500 Welfare Fund Special Part-Time Plan. I understand that the weekly payment for my coverage will be deducted from my weekly paycheck. I further understand that if my employer has a medical salary reduction plan and I execute the required paperwork to participate in that plan, this deduction will be pre-tax.
- I elect not to participate in the UFCW Local 1500 Welfare Fund Special Part-Time Plan. I understand that if I decline coverage at this time, I will not be able to re-enroll for this coverage at a later date.

EMPLOYEE ENROLLMENT INFORMATION

Enrollment Date: 03/01/2014

Payroll Deduction Amount: \$15.00 per week

As an eligible Plan Participant, I acknowledge that participation in the UFCW Local 1500 Welfare Fund Special Part-Time Plan is strictly optional. I further acknowledge and understand the following:

- I am eligible for coverage under the UFCW Local 1500 Welfare Fund Special Part-Time Plan, only if I have no other healthcare coverage available to me. I further understand that should I become covered under another healthcare plan or should I become eligible for coverage under another healthcare plan, I am obligated to inform the UFCW Local 1500 Welfare Fund. I further acknowledge that upon notification to the Fund of the availability of other coverage, I shall be terminated from the UFCW Local 1500 Welfare Fund Special Part-Time Plan.
- I authorize my employer to withhold \$15.00 per week from my compensation as my employee contribution to the Plan. I further understand that if my employer has a medical salary reduction plan and I execute the required paperwork to enroll in that plan, this amount will be withheld pre-tax.
- I can change my election to continue to participate in the Plan, terminate making the required weekly contributions and withdraw from coverage under the Plan at any time. Any termination of weekly contributions and withdrawal from coverage will be effective at the end of the month in which termination and withdrawal is requested and received by the Fund Office.
- If I do not elect to participate in the UFCW Local 1500 Welfare Fund Special Part-Time Plan now, or if I elect coverage now and decide to terminate coverage under the UFCW Local 1500 Welfare Fund Special Part-Time Plan at a later date, I will not be able to re-enroll in the Plan.
- If I terminate coverage under the UFCW Local 1500 Welfare Fund Special Part-Time Plan, I will immediately be enrolled in the UFCW Local 1500 Welfare Fund Basic Part-Time Plan, effective the first day of the month following termination. I understand that there is no employee contribution required under the UFCW Local 1500 Welfare Fund Basic Part-Time Plan.

Employee Signature _____ Date ____/____/____

PLEASE COMPLETE THE FORM AND RETURN THE FORM TO:

UFCW LOCAL 1500 WELFARE FUND
425 MERRICK AVENUE
WESTBURY, NY 11590
ATTN: MEDICAL DEPARTMENT

THIS FORM MUST BE RETURNED TO THE FUND
BY FEBRUARY 14, 2014

UFCW LOCAL 1500 WELFARE FUND

FUND OFFICE USE ONLY

DATE RECEIVED _____

DATE PROCESSED _____

DATE SENT TO EMPLOYER _____

DATE SENT TO ASSOCIATED ADMINISTRATORS, LLC. _____

PROCESSED BY _____

**REVISED PREVENTIVE SERVICES BENEFIT
UNITED FOOD AND COMMERCIAL WORKERS LOCAL 1500 HEALTH AND WELFARE
FUND
EFFECTIVE MARCH 1, 2014**

PREVENTIVE SERVICES

Preventive Services Benefit Overview

This Fund Full-Time and Special Part-Time provides coverage for certain Preventive Services as required by the Patient Protection and Affordable Care Act of 2010 (ACA). Coverage is provided on an in-network basis only, with no cost-sharing (for example, no deductibles, coinsurance, or copayments), for the following services:

- Services described in the United States Preventive Services Task Force (USPSTF) A and B recommendations,
- Services described in guidelines issued by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control (CDC), and
- Health Resources and Services Administration (HRSA) guidelines including the American Academy of Pediatrics *Bright Futures* guidelines and HRSA guidelines relating to services for women

In-network preventive services that are identified by the Fund as part of the ACA guidelines will be covered with no cost-sharing. This means that the service will be covered at 100% of the Fund's allowable charge, with no coinsurance, copayment, or deductible.

If preventive services are received from a non-network provider, they will not be eligible for coverage under this Preventive Services benefit.

In some cases, federal guidelines are unclear about which preventive benefits must be covered under the ACA. In that case, the Fund will determine whether a particular benefit is covered under this Preventive Services benefit.

The following services are covered under the Fund's Preventive Services benefit with no cost-sharing.

Covered Preventive Services for Adults

- Abdominal Aortic Aneurysm one-time screening for men ages 65-75 who have ever smoked.
- Alcohol Misuse screening and counseling: Screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women, in primary care settings.
- Blood Pressure screening for all adults age 18 and older. Blood pressure screening is not payable as a separate claim, as it is included in the payment for a physician visit.

- Cholesterol screening (Lipid Disorders Screening) for men aged 35 and older; men aged 20-35 if they are at increased risk for coronary heart disease; and women aged 20 and older if they are at increased risk for coronary heart disease.
- Depression screening for adults.
- Type 2 Diabetes screening for asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg.
- Diet counseling for adults at higher risk for chronic disease.
- HIV screening for all adults at higher risk.
- Obesity screening and intensive counseling and behavioral interventions to promote sustained weight loss for obese adults. Screening includes measurement of BMI by the clinician with the purpose of assessing and addressing body weight in the clinical setting.
- Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk.
- Tobacco Use screening for all adults and cessation interventions for tobacco users.
- Syphilis screening for all adults at increased risk of infection.

Covered Preventive Services for Women, Including Pregnant Women

- Well woman office visits for women ages 21 to 64, for the delivery of required preventive services, including preconception and prenatal care.
- Anemia screening on a routine basis for pregnant women.
- Bacteriuria urinary tract or other infection screening for pregnant women. Screening for asymptomatic bacteriuria with urine culture for pregnant women is payable at 12 to 16 weeks' gestation or at the first prenatal visit, if later.
- BRCA counseling about genetic testing for women at higher risk. Women whose family history is associated with an increased risk for deleterious mutations in BRCA 1 or BRCA 2 genes will receive referral for counseling. The Fund will also cover BRCA 1 or 2 genetic tests without cost-sharing, if appropriate as determined by the woman's health care provider.
- Breast cancer screening mammography for women with or without clinical breast examination and with or without diagnosis, every 1 to 2 years for women aged 40 and older.
- Breast Cancer Chemoprevention counseling for women at higher risk. The Fund will pay for counseling by physicians with women at high risk for breast cancer and at low risk for adverse effects of chemoprevention, to discuss the risks and benefits of chemoprevention.
- Comprehensive lactation support and counseling by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment. The Fund may pay for purchase of lactation equipment instead of rental, if deemed appropriate by the plan administrator.
- Cervical Cancer screening for sexually active women who have a cervix at intervals to be determined by the Fund based on age and whether the woman has had adequate recent screening with normal Pap results.
- Human papillomavirus testing for women ages 30 and older with normal Pap smear results, once every three years as part of a well woman visit
- Chlamydia Infection screening for all sexually active non-pregnant young women aged 24 and younger, and for older non-pregnant women who are at increased risk, as part of a well woman visit. For all pregnant women aged 24 and younger, and for older pregnant women at increased risk, Chlamydia infection screening is covered as part of the prenatal visit.
- FDA-approved contraceptives methods, sterilization procedures, and patient education and counseling for women of reproductive capacity. FDA-approved contraceptive methods, include barrier methods, hormonal methods, and implanted devices, as well as patient education and counseling, as prescribed by a health care provider. The Fund may cover a

generic drug without cost sharing and charge cost sharing for an equivalent branded drug. The Fund will accommodate any individual for whom the generic would be medically inappropriate, as determined by the individual's health care provider. Services related to follow-up and management of side effects, counseling for continued adherence, and device removal are also covered without cost sharing.

- Folic Acid supplements for women who are planning or capable of pregnancy, containing 0.4 to 0.8 mg of folic acid. Covered only if the woman obtains a prescription.
- Gonorrhea screening for all sexually active women, including those who are pregnant, if they are at increased risk for infection (i.e., young or have other individual or population risk factors), provided as part of a well woman visit. The Fund will pay for the most cost-effective test methodology only.
- Counseling for sexually transmitted infections, once per year as part of a well woman visit
- Counseling and screening for HIV, once per year as part of a well woman visit
- Hepatitis B screening for pregnant women at their first prenatal visit
- Osteoporosis screening for women. Women aged 65 and older will be eligible for routine screening for osteoporosis. Routine screening will begin at age 60 for women at increased risk for osteoporotic fractures. The Fund will pay for the most cost-effective test methodology only.
- Rh Incompatibility screening for all pregnant women during their first visit for pregnancy related care, and follow-up testing for all unsensitized Rh (D) negative women at 24-28 weeks' gestation, unless the biological father is known to be Rh (D) negative.
- Screening for gestational diabetes in pregnant women between 24 and 28 weeks' gestation and at the first prenatal visit for pregnant women identified to be at risk for diabetes
- Tobacco Use screening and interventions for all women, as part of a well woman visit, and expanded counseling for pregnant tobacco users
- Syphilis screening for all pregnant women or other women at increased risk, as part of a well woman visit
- Screening and counseling for interpersonal and domestic violence, as part of a well woman visit

Covered Preventive Services for Children

- Well baby and well child visits from birth through 21 years as recommended for pediatric preventive health care by "Bright Futures/American Academy of Pediatrics." Visits will include the following age-appropriate screenings and assessments:
 - Developmental screening for children under age 3, and surveillance throughout childhood
 - Behavioral assessments for children of all ages
 - Vision screening to detect amblyopia, strabismus, and defects in visual acuity in children younger than age 5 years.
 - Hearing screening
 - Height, Weight and Body Mass Index measurements for children
 - Autism screening for children at 9, 18 and 30 months
 - Alcohol and Drug Use assessments for adolescents
 - Hematocrit or Hemoglobin screening for children
 - Lead screening for children at risk of exposure
 - Tuberculin testing for children at higher risk of tuberculosis
 - Dyslipidemia screening for children at higher risk of lipid disorders
 - Sexually Transmitted Infection (STI) prevention counseling for adolescents at higher risk

- Cervical Dysplasia screening for sexually active females
- Oral Health risk assessment
- Newborn screening tests recommended by the Advisory Committee on Heritable Disorders in Newborns and Children
- Screening for oral fluoride supplementation at currently recommended doses (based on local water supplies) to preschool children older than 6 months of age whose primary water source is deficient in fluoride
- Screening for iron supplementation for asymptomatic children aged 6 to 12 months who are at increased risk for iron deficiency anemia
- Obesity screening for children aged 6 years and older, and counseling or referral to comprehensive, intensive behavioral interventions to promote improvement in weight status
- HIV screening for adolescents at increased risk of infection

Immunizations

Routine adult immunizations are covered for you and your covered eligible dependents who meet the age and gender requirements and who meet the CDC medical criteria for recommendation.

- Immunization vaccines for adults--doses, recommended ages, and recommended populations must be satisfied:
 - Diphtheria/tetanus/pertussis
 - Measles/mumps/rubella (MMR)
 - Influenza
 - Human papillomavirus (HPV)
 - Pneumococcal (polysaccharide)
 - Zoster
 - Hepatitis A
 - Hepatitis B
 - Meningococcal.
- Immunization vaccines for children from birth to age 18 —doses, recommended ages, and recommended populations must be satisfied:
 - Hepatitis B
 - Rotavirus
 - Diphtheria, Tetanus, Pertussis
 - Haemophilus influenzae type b
 - Pneumococcal
 - Inactivated Poliovirus
 - Influenza
 - Measles, Mumps, Rubella
 - Varicella
 - Hepatitis A
 - Meningococcal
 - Human papillomavirus (HPV)

Preventive Medications

- Aspirin to prevent cardiovascular disease for men age 45 to 79 years and for women age 55 to 79 years
- Oral fluoride supplements for preschool children age 6 months to 5 years whose primary water source is deficient in fluoride.
- Folic acid supplements containing 0.4 to 0.8 mg for women planning or capable of pregnancy
- Iron supplements for asymptomatic children aged 6 to 12 months who are at increased risk for iron deficiency anemia

Over-the-counter preventive medications require a written prescription from your physician.

Office Visit Coverage

Preventive Services are paid for based on the Fund's payment schedules for the individual services. However, there may be limited situations in which an office visit is payable under the Preventive Services benefit. The following conditions apply to payment for in-network office visits under the Preventive Services benefit. Non-network office visits are not covered under the Preventive Services benefit under any condition.

- If a preventive item or service is billed separately from an office visit, then the Fund will impose cost-sharing with respect to the office visit.
- If the preventive item or service is not billed separately from the office visit, and the primary purpose of the office visit is the delivery of such preventive item or service, then the Fund will pay 100 percent for the office visit.
- If the preventive item or service is not billed separately from the office visit, and the primary purpose of the office visit is not the delivery of such preventive item or service, then the Fund will impose cost-sharing with respect to the office visit.

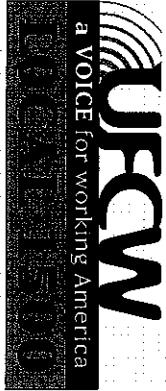
For example, if a person has a cholesterol screening test during an office visit, and the doctor bills for the office visit and separately for the lab work associated with the cholesterol screening test, the Fund will require a copayment for the office visit but not for the lab work. If a person sees a doctor to discuss recurring abdominal pain and has a blood pressure screening during that visit, the Fund will charge a copayment for the office visit because the blood pressure check was not the primary purpose of the office visit.

Well child annual physical exams recommended in the Bright Futures Recommendations are treated as Preventive Services and paid at 100%. Well woman visits are also treated as Preventive Services and paid at 100%.

Preventive Services Coverage Limitations and Exclusions

- Preventive Services are covered when performed for preventive screening reasons and billed under the appropriate preventive services codes. Service covered for diagnostic reasons are covered under the applicable benefit, not the Preventive Services benefit. A service is covered for diagnostic reasons if the participant or dependent had symptoms requiring further diagnosis or abnormalities found on previous preventive or diagnostic studies that required additional examinations, screenings, tests, treatment, or other services.

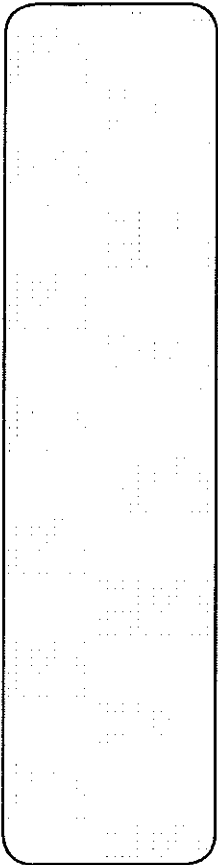
- Services covered under the Preventive Services benefit are not also payable under other portions of the Fund.
- The Fund will use reasonable medical management techniques to control costs of the Preventive Services benefit. The Fund will establish treatment, setting, frequency, and medical management standards for specific Preventive Services, which must be satisfied in order to obtain payment under the Preventive Services benefit.
- Immunizations are not covered, even if recommended by the CDC, if the recommendation is based on the fact that some other risk factor is present (e.g., on the basis of occupational, lifestyle, or other indications). Travel immunizations, e.g., typhoid, yellow fever, cholera, plague, and Japanese encephalitis virus) are not covered.
- Examinations, screenings, tests, items or services are not covered when they are investigational or experimental, as determined by the Fund.
- Examinations, screenings, tests, items, or services are not covered when they are provided for the following purposes:
 - When required for education, sports, camp, travel, insurance, marriage, adoption, or other non-medical purposes;
 - When related to judicial or administrative proceedings;
 - When related to medical research or trials; or
 - When required to maintain employment or a license of any kind.
- Services related to male reproductive capacity, such as vasectomies and condoms.



WELFARE AND PENSION FUNDS

425 MERRICK AVENUE
WESTBURY, NY 11590

IMPORTANT HEALTHCARE INFORMATION ENCLOSED, OPEN IMMEDIATELY



Note: This (non-printing) dotted rule marks 2-3/4" from bottom of envelope. US Postal Service regulations request that all numbers NOT in the "Mail To" address (including ZIP codes in return addresses) print ABOVE this line, to avoid interfering with their scanning equipment. We CAN run the job this way, but are obligated to inform you of the USPS request.

