

NATIONAL ELEVATOR INDUSTRY HEALTH BENEFIT PLAN

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March 2020

To: All Participants in the National Elevator Industry Health Benefit Plan, I.U.E.C. Locals and Regional Directors

From: Robert O. Betts, Jr.
Executive Director for the Board of Trustees

Re: **Special 14-Day Weekly Income Benefit: Quarantine on Account of Coronavirus Disease 2019 (COVID-19)**

Special 14-Day Weekly Income Benefit Coronavirus Disease 2019 (COVID-19) Quarantines

This **Summary of Material Modifications** announces a special 14-day Weekly Income Benefit for Active Members who self-quarantine on account of Coronavirus Disease 2019 (COVID-19). Under this special program, an Active Member may receive a \$500 weekly income benefit for the period the Active Member self-quarantines (not to exceed 14 days).

Effective immediately and through June 30, 2020, in the event:

- An Employer directs an Active Member to self-quarantine on account of COVID-19, or
- An Active Member has a good-faith belief that he or she should self-quarantine because he or she has been exposed to COVID-19 or has symptoms of COVID-19 (subjective or measured fever, cough, or difficulty breathing),

such Active Member may receive Weekly Income Benefits for the period the Active Member is unable to work due to self-quarantine (not to exceed 14-days). This special Weekly Income Benefit will not be subject to any waiting period.

Only self-quarantines beginning by June 30, 2020 are covered by these rules.

Completing the Special 14-Day Weekly Income Benefit Form (COVID-19 Quarantine).

- An Active Member who self-quarantines on account of COVID-19 may apply for Weekly Income Benefits by submitting a Special 14-Day Weekly Income Benefit Form (COVID-19 Quarantine). You do not need medical certification from your attending physician. The form is now available online at: www.neibenefits.org/members/members/health-plan/.
- After completing the "Plan Member" section of this form, you should submit the form to the National Elevator Industry Health Benefit Plan. To expedite the processing of your application, it is recommended that you scan your completed form and email it to the Benefits Office; the Benefits Office has set up a special email address, weeklyincome@neibenefits.org, to receive these applications. You may also fax your application (1-610-557-4556) or mail it to the National Elevator Industry Health Benefit Plan, P.O. Box 476, Newtown Square, PA 19073-0476. The Benefits Office will follow up with your employer to confirm that you have self-quarantined on account of COVID-19.

If you are diagnosed with COVID-19

This Special 14-Day Weekly Income Benefit applies solely to Active Members who begin self-quarantines on account of COVID-19 by June 30, 2020. If you are diagnosed with COVID-19, you may still apply for the Plan's established Weekly Income Benefits. (See pages 63-64 of the National Elevator Industry Health Benefit Plan Summary Plan Description.) Your attending physician would provide the Health Benefit Plan with such diagnosis by completing the Attending Physician's section of the applicable Weekly Income Benefit Form (Weekly Income Claim Forms are available online at: www.neibenefits.org/members/members/health-plan/.)

ACA Nondiscrimination Notice

The National Elevator Industry Health Benefit Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The National Elevator Industry Health Benefit Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Medical Benefits provided under this Plan are afforded without regard to an individual's sex assigned at birth, gender identity, or gender.

When necessary, the National Elevator Industry Health Benefit Plan will provide 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). The National Elevator Industry Health Benefit Plan also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages upon request. If you need these services, contact Robert Betts.

If you believe that the National Elevator Industry Health Benefit 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 grievance with: Robert Betts, Executive Director, National Elevator Industry Health Benefit Plan, 19 Campus Blvd., Suite 200, Newtown Square, PA 19073, 610-325-9100 extension 2200, 610-325-9028 (fax) or civilrightscoordinator@neibenefits.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Robert Betts, 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, D.C. 20201
1-800-868-1019, 800-537-7697 (TDD)

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

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-610-325-9100 ext. 2200.

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 1-610-325-9100 ext. 2200。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-610-325-9100 ext. 2200.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-610-325-9100 ext. 2200.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-610-325-9100 ext. 2200.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-610-325-9100 ext. 2200. 번으로 전화해 주십시오.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-610-325-9100 ext. 2200.

9100-325-610-1 اتصل برقم 1-610-325-9100 ext. 2200. :هاتف الصم والبكم.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-610-325-9100 ext. 2200.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-610-325-9100 ext. 2200..

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-610-325-9100 ext. 2200.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-610-325-9100 ext. 2200.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।
1-610-325-9100 ext. 2200 पर कॉल करें।

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-610-325-9100 ext. 2200.