

# SAN FRANCISCO ELECTRICAL WORKERS HEALTH & WELFARE TRUST

720 MARKET STREET , SUITE 700 • SAN FRANCISCO, CA 94102  
(415) 263-3670

---

San Francisco Electrical Workers Welfare Fund (“the Plan”) complies with all applicable federal civil rights laws, including Section 1557 of the Affordable Care Act (Section 1557). The Plan does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)).

In compliance with Section 1557 and other federal civil rights laws, we provide individuals the following in a timely manner and free of charge:

- **Language assistance services.** The Plan will provide language assistance services for individuals with limited English proficiency (including individuals’ companions with limited English proficiency) to ensure meaningful access to our programs, activities, services, and other benefits. Language assistance services may include:
  - Electronic and written translated documents
  - Qualified interpreters
  - Qualified bilingual/multilingual staff
  
- **Appropriate auxiliary aids and services.** The Plan will provide appropriate auxiliary aids and services for individuals with disabilities (including individuals’ companions with disabilities) to ensure effective communication. Appropriate auxiliary aids and services may include:
  - Qualified interpreters for individuals with disabilities, including American Sign Language interpreters
  - Video remote interpreting
  - Information in alternate formats (including but not limited to large print, braille, recorded audio, and accessible electronic formats)
  
- **Reasonable modifications.** The Plan will provide reasonable modifications for qualified individuals with disabilities, when necessary to ensure accessibility and equal opportunity to participate in our programs, activities, services, or other benefits.

To access our language assistance services, auxiliary aids and services, and for assistance in getting a reasonable modification, please contact the Plan at 415-263-3670.

If you believe the Plan has failed to provide these services or has discriminated in another way on the basis of race, color, national origin, sex, age, or disability, you can:

File a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- Electronically: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
- Via mail: U.S. Department of Health & Human Services  
200 Independence Avenue, S.W. – 509F  
Washington, D.C. 20201