

# FOR YOUR BENEFIT

UFCW Unions & Participating Employers Health & Welfare Fund

December 2013 Vol. 29, No. 4

[www.associated-admin.com](http://www.associated-admin.com)



**Summary Annual Reports This Issue!**

- UFCW Unions and Participating Employers Health & Welfare Fund
- UFCW Unions and Participating Employers Legal Benefits Fund

**Revised Notice of Privacy Practices**  
See pages 3–9.



## Forms And Helpful Information Available on the Fund Office Website

You have the convenience of printing forms, reviewing your benefits, reading current and former **For Your Benefit** newsletters, and utilizing NETime Benefits to determine your eligibility or the status of your claim by logging onto [www.associated-admin.com](http://www.associated-admin.com) (the Fund office’s website).

### You Can Find Forms For:

- Application for Pension
- Change of Address (Pension)
- Change in Beneficiary
- Coordination of Benefits (“COB”)
- Electronic Funds Transfer (“EFT”)
- Scholarship Preliminary Application
- Pension Tax Withholding Forms (Federal and State)
- Weekly Accident & Sickness (Disability) Claim Form

### Downloading And Printing Forms Is Easy

You can download and print forms at your convenience from your home computer by following these steps:

1. Open the Internet and type [www.associated-admin.com](http://www.associated-admin.com).
2. A webpage will open and you will see the name Associated Administrators, LLC, which is the Fund Office.

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*The purpose of this newsletter is to explain your benefits in easy, uncomplicated language. It is not as specific or detailed as the formal Plan documents. Those documents always govern.*

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3. Click on the words "Your Benefits" which appears at the left side of the page.
4. Click on UFCW Participating Employers, which will open a list of forms you can select and print.

### Easy Access to Your Summary Plan Description Booklet

You can also review the Summary Plan Description ("SPD") booklets that describe your benefits under the Health

and Welfare Fund and the Pension Fund, along with any Summaries of Material Modification ("SMMs") which show changes to your benefits since your SPD was printed.

### Helpful Links

The website also has useful links to CareFirst, Group Vision Service (GVS), Kaiser Permanente, Informed Rx, Value Options, Local 400 and Local 27.

## Plans Y and Z Part Timers: Open Enrollment for Dependent Coverage Is January 1st - January 31st

*The following article applies only to part-time participants in Plans Y and Z. Plan Y20 part time participants are not eligible for dependent coverage.*

January 1st - January 31st will be the first 2014 Open Enrollment period (there are two each year) for adding dependent ("family") coverage to your benefits. If you are eligible for dependent coverage but did not elect coverage for your dependents when they first became eligible, you may apply to add your dependent(s) to your health coverage in January. The coverage will be effective March 1, 2014. After January, the next open enrollment will be July 1st - July 31st for coverage effective September 1, 2014.

### Is there a cost?

Yes, there is a cost for adding dependent coverage. You pay 20% of the cost of the coverage while your employer pays 80%. The amount is paid via weekly payroll deductions through your employer. **Do not send payment to the Fund office.** If you elect dependent coverage, your payroll deduction will begin in March.

### When will the coverage begin?

Coverage for your dependents will begin March 1st.

### How many dependents may I cover?

As long as they are eligible dependents under the Plan, you may enroll as many

dependents as you have. The cost is the same regardless of the number of dependents.

### What if I want to drop dependent coverage?

You may drop dependent coverage at any time during the year provided you notify the Fund office **in writing**. You may call us to request the proper form, which you must sign and return to us (it verifies that you wish to stop payroll deductions). However, please remember that if you do drop dependent coverage, you will not be eligible to add it again until the open enrollment period *following* a twelve-month waiting period. Open enrollment for dependent coverage occurs twice a year: in January and in July.

### I want to add coverage. What's next?

To add dependent coverage, call the Fund office in January at (800) 638-2972 and let us know. We'll send you an enrollment form and begin the process for starting your payroll deduction. We must have the completed enrollment form returned to us (along with any forms of proof which may be required, such as copies of birth certificates or



marriage certificates, etc.) before your dependents' coverage will begin.

### What if I don't have dependents now, but I do later?

If you don't have any dependents now, but you later get married, have a child, adopt a child, etc., you may add the new dependent no matter what time of year, as long as you add the dependent within 30 days from the date he/she first became your dependent (for example, within 30 days from the date of marriage, 30 days from the date of birth, etc.).

### Contact Participant Services

If you have questions, contact Participant Services of the Fund office at (800) 638-2972.

**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](http://www.associated-admin.com)

4301 Garden City Drive, Suite 201  
Landover, Maryland 20785-6102  
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**REVISED NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND  
HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.**

**THE PLAN'S COMMITMENT TO PRIVACY**

The United Food and Commercial Workers Unions and Participating Employers Health and Welfare Fund (the "Plan") is committed to protecting the privacy of your protected health information ("health information"). Health information is information that identifies you and relates to your physical or mental health, or to the provision or payment of health services for you. In accordance with applicable law, you have certain rights, as described herein, related to your health information.

This Notice is intended to inform you of the Plan's legal obligations under the federal health privacy provisions contained in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the related regulations ("federal health privacy law"):

- to maintain the privacy of your health information;
- to provide you with this Notice describing its legal duties and privacy practices with respect to your health information; and
- to abide by the terms of this Notice.

This Notice also informs you how the Plan uses and discloses your health information and explains the rights that you have with regard to your health information maintained by the Plan. For purposes of this Notice, "you" or "your" refers to participants and dependents who are eligible for benefits under the Plan.

**INFORMATION SUBJECT TO THIS NOTICE**

The Plan collects and maintains certain health information about you to help provide health benefits to you, as well as to fulfill legal and regulatory requirements. The Plan obtains this health information, which identifies you, from applications and other forms that you complete, through conversations you may have with the Plan's administrative staff and health care professionals, and from reports and data provided to the Plan by health care service providers or other employee benefit plans. This is the information that is subject to the privacy practices described in this Notice. The health information the Plan has about you includes, among other things, your name, address, phone number, birth date, social security number, employment information, and medical and health claims information.

**SUMMARY OF THE PLAN'S PRIVACY PRACTICES**

***The Plan's Uses and Disclosures of Your Health Information***

The Plan uses your health information to determine your eligibility for benefits, to process and pay your health benefits claims, and to administer its operations. The Plan discloses your health information to insurers, third party administrators, and health care providers for treatment, payment and health care operations purposes. The Plan

may also disclose your health information to third parties that assist the Plan in its operations, to government and law enforcement agencies, to your family members, and to certain other persons or entities. Under certain circumstances, the Plan will only use or disclose your health information pursuant to your written authorization. In other cases authorization is not needed. The details of the Plan's uses and disclosures of your health information are described below.

***Your Rights Related to Your Health Information***

The federal health privacy law provides you with certain rights related to your health information. Specifically, you have the right to:

- Inspect and/or copy your health information;
- Request that your health information be amended;
- Request an accounting of certain disclosures of your health information;
- Request certain restrictions related to the use and disclosure of your health information;
- Request to receive your health information through confidential communications;
- Request access to your health information in an electronic format;
- Receive notice of a breach of unsecured protected health information if it affects you;
- File a complaint with the Fund office or the Secretary of the Department of Health and Human Services if you believe that your that privacy rights have been violated; and
- Receive a paper copy of this Notice.

These rights and how you may exercise them are detailed below.

***Changes in the Plan's Privacy Practices***

The Plan reserves its right to change its privacy practices and revise this Notice as described below.

***Contact Information***

If you have any questions or concerns about the Plan's privacy practices, or about this Notice, or if you wish to obtain additional information about the Plan's privacy practices, please contact:

HIPAA Privacy Officer  
Associated Administrators, LLC  
911 Ridgebrook Road  
Sparks, Maryland 21152-9451  
(410) 683-6500

## **DETAILED NOTICE OF THE PLAN'S PRIVACY POLICIES THE PLAN'S USES AND DISCLOSURES**

Except as described in this section, as provided for by federal privacy law, or as you have otherwise authorized, the Plan uses and discloses your health information only for the administration of the Plan and the processing of your health claims.

### ***Uses and Disclosures for Treatment, Payment, and Health Care Operations***

1. **For Treatment.** Although the Plan does not anticipate making disclosures “for treatment,” if necessary, the Plan may make such disclosures without your authorization. For example, the Plan may disclose your health information to a health care provider, such as a hospital or physician, to assist the provider in treating you.
2. **For Payment.** The Plan may use and disclose your health information so that claims for health care treatment, services and supplies that you receive from health care providers can be paid according to the Plan’s terms. For example, the Plan may share your enrollment, eligibility, and claims information with its third party administrator, Associated Administrators LLC (“Associated”), so that it may process your claims. The Plan may use or disclose your health information to health care providers to notify them as to whether certain medical treatment or other health benefits are covered under the Plan. Associated also may disclose your health information to other insurers or benefit plans to coordinate payment of your health care claims with others who may be responsible for certain costs. In addition, Associated may disclose your health information to claims auditors to review billing practices of health care providers, and to verify the appropriateness of claims payment.
3. **For Health Care Operations.** The Plan may use and disclose your health information to enable it to operate efficiently and in the best interest of its participants. For example, the Plan may disclose your health information to actuaries and accountants for business planning purposes, or to attorneys who are providing legal services to the Plan.

### ***Uses and Disclosures to Business Associates***

The Plan shares health information about you with its “business associates,” which are third parties that assist the Plan in its operations. The Plan discloses information, without your authorization, to its business associates for treatment, payment and health care operations. For example, the Plan shares your health information with Associated so that it may process your claims. The Plan may disclose your health information to auditors, actuaries, accountants, and attorneys as described above. In addition, if you are a non-English speaking participant who has questions about a claim, the Plan may disclose your health information to a translator; and Associated may provide names and address information to mailing services.

The Plan enters into agreements with its business associates to ensure that the privacy of your health information is protected. Similarly, Associated contracts with the subcontractors it uses to ensure that the privacy of your health information is protected.

### ***Uses and Disclosures to the Plan Sponsor***

The Plan may disclose your health information to the Plan Sponsor, which is the Plan’s Board of Trustees, for plan administration purposes, such as performing quality assurance functions and evaluating overall funding of the Plan, without your authorization. The Plan also may disclose your health information to the Plan Sponsor for purposes of hearing and deciding your claims appeals. Before any health information is disclosed to the Plan Sponsor, the Plan Sponsor will certify to the Plan that it will protect your health information and that it has amended the Plan documents to reflect its obligation to protect the privacy of your health information.

### ***Other Uses and Disclosures That May Be Made Without Your Authorization***

As described below, the federal health privacy law provides for specific uses or disclosures that the Plan, may make without your authorization.

1. **Required by Law.** Your health information may be used or disclosed as required by law. For example, your health information may be disclosed for the following purposes:
  - For judicial and administrative proceedings pursuant to court or administrative order, legal process and authority.
  - To report information related to victims of abuse, neglect, or domestic violence.
  - To assist law enforcement officials in their law enforcement duties.
  - To notify the appropriate authorities of a breach of unsecured protected health information.
2. **Health and Safety.** Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person. Your health information also may be disclosed for public health activities, such as preventing or controlling disease, injury or disability, and to meet the reporting and tracking requirements of governmental agencies, such as the Food and Drug Administration.
3. **Government Functions.** Your health information may be disclosed to the government for specialized government functions, such as intelligence, national security activities, security clearance activities and protection of public officials. Your health information also may be disclosed to health oversight agencies for audits, investigations, licensure and other oversight activities.
4. **Active Members of the Military and Veterans.** Your health information may be used or disclosed in order to comply with laws and regulations related to military service or veterans' affairs.
5. **Workers' Compensation.** Your health information may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation benefits.
6. **Emergency Situations.** Your health information may be used or disclosed to a family member or close personal friend involved in your care in the event of an emergency or to a disaster relief entity in the event of a disaster. If you do not want this information to be shared, you may request that these types of disclosures be restricted as outlined later in this Notice.
7. **Others Involved In Your Care.** Under limited circumstances, your health information may be used or disclosed to a family member, close personal friend, or others who the Plan has verified are directly involved in your care (for example, if you are seriously injured and unable to discuss your case with the Plan). Also, upon request, Associated may advise a family member or close personal friend about your general condition, location (such as in the hospital) or death. If you do not want this information to be shared, you may request that these disclosures be restricted as outlined later in this Notice.
8. **Personal Representatives.** Your health information may be disclosed to people that you have authorized to act on your behalf, or people who have a legal right to act on your behalf. Examples of personal representatives are parents for unemancipated minors and those who have Power of Attorney for adults.
9. **Treatment and Health-Related Benefits Information.** The Plan and its business associates, including Associated, may contact you to provide information about treatment alternatives or other health-related benefits and services that may interest you, including, for example, alternative treatment, services and medication.
10. **Research.** Under certain circumstances, your health information may be used or disclosed for research purposes as long as the procedures required by law to protect the privacy of the research data are followed.
11. **Organ, Eye and Tissue Donation.** If you are an organ donor, your health information may be used or disclosed to an organ donor or procurement organization to facilitate an organ or tissue donation or transplantation.
12. **Deceased Individuals.** The health information of a deceased individual may be disclosed to coroners, medical examiners, and funeral directors so that those professionals can perform their duties.

### ***Uses and Disclosures for Fundraising and Marketing Purposes***

The Plan and its business associates, including Associated, do not use your health information for fundraising or marketing purposes.

### ***Any Other Uses and Disclosures Require Your Express Authorization***

Uses and disclosures of your health information ***other than*** those described above will be made only with your express written authorization. You may revoke your authorization to use or disclose your health information in writing. If you do so, the Plan will not use or disclose your health information as authorized by the revoked authorization, except to the extent that the Plan already has relied on your authorization. Once your health information has been disclosed pursuant to your authorization, the federal privacy law protections may no longer apply to the disclosed health information, and that information may be re-disclosed by the recipient without your knowledge or authorization.

## **YOUR HEALTH INFORMATION RIGHTS**

You have the following rights regarding your health information that the Plan creates, collects and maintains. If you are required to submit a written request related to these rights, as described below, you should address such requests to:

HIPAA Privacy Officer  
Associated Administrators, LLC  
911 Ridgebrook Road  
Sparks, Maryland 21152-9451  
(410) 683-6500

### ***Right to Inspect and Copy Health Information***

You have the right to inspect and obtain a copy of your health record. Your health record includes, among other things, health information about your plan eligibility, plan coverages, claim records, and billing records. For health records that the Plan keeps in electronic form, you may request to receive the records in an electronic format.

To inspect and copy your health record, submit a written request to the HIPAA Privacy Officer. Upon receipt of your request, the Plan will send you a Claims History Report, which is a summary of your claims history that covers the previous two years. If you have been eligible for benefits for less than two years, then the Claims History Report will cover the entire period of your coverage.

If you do not agree to receive a Claims History Report, and instead want to inspect and/or obtain a copy of some or all of your underlying claims record, which includes information such as your actual claims and your eligibility/enrollment card and is not limited to a two year period, state that in your written request, and that request will be accommodated. If you request a paper copy of your underlying health record or a portion of your health record, the Plan will charge you a fee of \$.25 per page for the cost of copying and mailing the response to your request. Records provided in electronic format also may be subject to a small charge.

In certain limited circumstances, the Plan may deny your request to inspect and copy your health record. If the Plan does so, it will inform you in writing. In certain instances, if you are denied access to your health record, you may request a review of the denial.

### ***Right to Request That Your Health Information Be Amended***

You have the right to request that your health information be amended if you believe the information is incorrect or incomplete.

To request an amendment, submit a detailed written request to the HIPAA Privacy Officer. This request must provide the reason(s) that support your request. The Plan may deny your request if it is not in writing, it does not provide a reason in support of the request, or if you have asked to amend information that:

- Was not created by or for the Plan, unless you provide the Fund with information that the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information maintained by or for the Plan;
- Is not part of the health record information that you would be permitted to inspect and copy; or
- Is accurate and complete.

The Plan will notify you in writing as to whether it accepts or denies your request for an amendment to your health information. If the Plan denies your request, it will explain how you can continue to pursue the denied amendment.

### ***Right to an Accounting of Disclosures***

You have the right to receive a written accounting of disclosures. The accounting is a list of disclosures of your health information by the Plan, including disclosures by Associated to others. The accounting covers up to six years prior to the date of your request, except, in accordance with applicable law, the accounting will not include disclosures made before April 14, 2003. If you want an accounting that covers a time period of less than six years, please state that in your written request for an accounting.

To request an accounting of disclosures, submit a written request to the HIPAA Privacy Officer. In response to your request for an accounting of disclosures, the Plan may provide you with a list of business associates who make such disclosures on behalf of the Plan, along with contact information so that you may request the accounting directly from each business associate. The first accounting that you request within a twelve-month period will be free. For additional accountings in a twelve-month period, you will be charged for the cost of providing the accounting, but Associated will notify you of the cost involved before processing the accounting so that you can decide whether to withdraw your request before any costs are incurred.

### ***Right to Request Restrictions***

You have the right to request restrictions on your health care information that the Plan uses or discloses about you to carry out treatment, payment or health care operations. You also have the right to request restrictions on your health information that Associated discloses to someone who is involved in your care or the payment for your care, such as a family member or friend. The Plan is generally not required to agree to your request for such restrictions, and the Plan may terminate its agreement to the restrictions you requested. The Plan is required to agree to your request for restrictions in the case of a disclosure for payment purposes where you have paid the health care provider in full, out of pocket.

To request restrictions, submit a written request to the HIPAA Privacy Officer that explains what information you seek to limit, and how and/or to whom you would like the limit(s) to apply. The Plan will notify you in writing as to whether it agrees to your request for restrictions, and when it terminates agreement to any restriction.

### ***Right to Request Confidential Communications, or Communications by Alternative Means or at an Alternative Location***

You have the right to request that your health information be communicated to you in confidence by alternative means or in an alternative location. For example, you can ask that you be contacted only at work or by mail, or that you be provided with access to your health information at a specific location.

To request communications by alternative means or at an alternative location, submit a written request to the HIPAA Privacy Officer. Your written request should state the reason for your request, and the alternative means by or location at which you would like to receive your health information. If appropriate, your request should state that the disclosure of all or part of the information by non-confidential communications could endanger you. Reasonable requests will be accommodated to the extent possible and you will be notified appropriately.



***Right to Complain***

You have the right to complain to the Plan and to the Department of Health and Human Services if you believe your privacy rights have been violated. To file a complaint with the Plan, submit a written complaint to the HIPAA Privacy Officer listed above.

You will not be retaliated or discriminated against and no services, payment, or privileges will be withheld from you because you file a complaint with the Plan or with the Department of Health and Human Services.

***Right to a Paper Copy of This Notice***

You have the right to a paper copy of this Notice. To make such a request, submit a written request to the HIPAA Privacy Officer listed above. You may also obtain a copy of this Notice at Associated's website, [www.Associated-Admin.com](http://www.Associated-Admin.com).

***Right to Receive Notice of a Breach of Your Protected Health Information***

You will be notified if your protected health information has been breached. You will be notified by first class mail within 60 days of the event. A breach occurs when there has been an unauthorized use or disclosure under HIPAA that compromises the privacy or security of protected health information. The notice will provide you with the following information: (1) a brief description of what happened, including the date of the breach and the date of the discovery of the breach; (2) the steps you should take to protect yourself from potential harm resulting from the breach; and (3) a brief description of what steps are being taken to investigate the breach, mitigate losses, and to protect against further breaches. Please note that not every unauthorized disclosure of health information is a breach that requires notification; you may not be notified if the health information that was disclosed was adequately secured—for example, computer data that is encrypted and inaccessible without a password—or if it is determined that there is a low probability that your health information has been compromised.

**CHANGES IN THE PLAN'S PRIVACY POLICIES**

The Plan reserves the right to change its privacy practices and make the new practices effective for all protected health information that it maintains, including protected health information that it created or received prior to the effective date of the change and protected health information it may receive in the future. If the Plan materially changes any of its privacy practices, it will revise its Notice and provide you with the revised Notice, either by U.S. Mail or e-mail, within sixty days of the revision. In addition, copies of the revised Notice will be made available to you upon your written request and will be posted for review near the front lobby of Associated's offices in Sparks, Maryland and Landover, Maryland. Any revised notice will also be available at Associated's website, [www.Associated-Admin.com](http://www.Associated-Admin.com).

**EFFECTIVE DATE**

This Notice was first effective on April 14, 2003, and was revised, effective September 23, 2013, to reflect the provisions of the Health Information Technology for Economic and Clinical Health (HITECH) Act. This Notice will remain in effect unless and until the Plan publishes a revised Notice.

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

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Sparks, Maryland 21152-9451  
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## SUMMARY ANNUAL REPORT

### For UFCW Unions and Participating Employers Health and Welfare Fund

This is a summary of the annual report of the UFCW Unions and Participating Employers Health and Welfare Fund, EIN 52-6044428, Plan No. 502, for period January 1, 2012 through December 31, 2012. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

#### Insurance Information

The plan has contracts with Kaiser Permanente, ING Life Insurance Company, Metropolitan Life Insurance Company, Group Dental Services, Inc. and Fidelity Security Life Insurance to pay health, dental, vision, life insurance and accidental death & dismemberment claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2012 were \$2,103,146.

Because they are so called "experience-rated" contracts, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending December 31, 2012, the premiums paid under such "experience-rated" contracts were \$366,362 and the total of all benefit claims paid under these contracts during the plan year was \$222,982.

#### Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$12,341,876 as of December 31, 2012, compared to \$14,858,840 as of January 1, 2012. During the plan year the plan experienced a decrease in its net assets of \$2,516,964. This decrease includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of \$49,350,786, including employer contributions of \$47,595,739, employee contributions of \$1,149,940, realized gains of \$242,877 from the sale of assets, earnings from investments of \$358,064, and other income of \$4,166.

Plan expenses were \$51,867,750. These expenses included \$4,396,355 in administrative expenses, and \$47,471,395 in benefits paid to participants and beneficiaries.

#### Your Rights To Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- an accountant's report;
- financial information;
- information on payments to service providers;
- assets held for investment;
- transactions in excess of 5% of the plan assets;
- insurance information, including sales commissions paid by insurance carriers;

To obtain a copy of the full annual report, or any part thereof, write or call the office of the Board of Trustees, UFCW Unions and Participating Employers Health and Welfare Fund at 4301 Garden City Dr., Ste. 201, Landover, MD 20785-6102, or by telephone at (301) 459-3020. The charge to cover copying costs is \$0.25 per page or any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan (Board of Trustees, UFCW Unions and Participating Employers Health and Welfare Fund, 4301 Garden City Dr., Ste. 201, Landover, MD 20785-6102) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

# United Food and Commercial Workers Unions and Contributing Employers Legal Benefits Fund

911 Ridgebrook Road  
Sparks, Maryland 21152-9451  
Telephone: (410) 683-6500  
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## SUMMARY ANNUAL REPORT

### For United Food and Commercial Workers Unions and Contributing Employers Legal Benefits Plan

This is a summary of the annual report of the United Food and Commercial Workers Unions and Contributing Employers Legal Benefits Plan, EIN 52-1228768, Plan No. 501, for period January 1, 2012 through December 31, 2012. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

#### Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$31,631 as of December 31, 2012, compared to \$11,577 as of January 1, 2012. During the plan year the plan experienced an increase in its net assets of \$20,054. This increase includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of \$551,463, including employer contributions of \$551,219, and earnings from investments of \$244.

Plan expenses were \$531,409. These expenses included \$64,065 in administrative expenses, and \$467,344 in benefits paid to participants and beneficiaries.

#### Your Rights To Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- an accountant's report;
- financial information;
- information on payments to service providers;
- assets held for investment;
- transactions in excess of 5% of the plan assets;

To obtain a copy of the full annual report, or any part thereof, write or call the office of Board of Trustees, United Food and Commercial Workers Unions and Contributing Employers Legal Benefits Plan at 4301 Garden City Dr., Ste. 201, Landover, MD 20785-6102, or by telephone at (301) 459-3020. The charge to cover copying costs will be \$0.25 per page or any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan (Board of Trustees, United Food and Commercial Workers Unions and Contributing Employers Legal Benefits Plan, 4301 Garden City Dr., Ste. 201, Landover, MD 20785-6102) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

## Become Familiar With Your Summary Plan Description Booklet

Summary Plan Descriptions (“SPD”) are the booklets that were sent to you when your first became eligible to participate in the Health and Welfare Fund and/or the Pension Fund. The Fund also sends updated SPDs to you periodically. The SPD tells you what plan you are in – it’s written on the cover of the booklet. It also contains important information about your medical, optical, dental and prescription drug benefits, including your eligibility for benefits, claims filing, and your rights under the law.

Become familiar with the SPD, and use the Table of Contents so you will know where to look if you have questions. Keep the SPD in a safe place so you can locate it whenever you need to refer to it. [Learn the name of your plan.](#) This helps the representative answer your questions if you call the Fund office.

## Reconstructive Surgery Following Mastectomy

*The following article applies to you if your medical benefits are provided through the Fund, not an HMO. If you have coverage through an HMO, you should receive a similar notice directly from the HMO.*

The Women’s Health and Cancer Rights Act (“WHCRA”) provides protections for individuals who elect breast reconstruction after a mastectomy. Under federal law related to mastectomy benefits, the Plan is required to provide coverage for the following:

- All stages of reconstruction of the breast on which a mastectomy is performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;

- prostheses; and
- treatment of physical complications of all stages of mastectomy, including lymphedema.

Such benefits are subject to the Plan’s annual deductibles and co-insurance provisions. Federal law requires that all participants be notified of this coverage annually.

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