

## **AFFORDABLE CARE ACT NOTICE OF NONDISCRIMINATION**

The Trustees of the UFCW Local 1262 and Employers Health and Welfare Fund and the UFCW Local 1262 and ShopRite Welfare Fund are obligated under the Affordable Care Act to provide you with this Notice.

The above Funds comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. The Funds do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Funds:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Sonya Rodriguez.

If you believe that a Fund 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:

Sonya Rodriguez, Office Manager

UFCW Local 1262 Welfare Funds

1389 Broad Street, Clifton, New Jersey 07013

Telephone Number: 1-800-522-4161

Fax Number: 973-778-1725

Email: [srodriguez@ufcwlocal1262.org](mailto:srodriguez@ufcwlocal1262.org).

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Sonya Rodriguez, Office Manager, 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/porta:/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

1-800-368-1019, 800-537-7697 (TDD)

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