



California Ironworkers Field Welfare Plan  
131 N El Molino Avenue Suite 330 Pasadena CA 91101  
(626) 792-7337 Phone (626) 578-0450 Fax [www.ironworkerbenny.com](http://www.ironworkerbenny.com)

## September 2017

**To:** All Health & Welfare Eligible Ironworker Participants & Their Families  
**From:** California Ironworkers Field Welfare Plan  
**Re:** Annual Notices

**IMPORTANT REMINDER TO PROVIDE THE PLAN WITH THE TAXPAYER IDENTIFICATION NUMBER (TIN) OR SOCIAL SECURITY NUMBER (SSN) OF EACH ENROLLEE IN A HEALTH PLAN**

The Plan is required by law to collect the taxpayer identification number (TIN) or social security number (SSN) of each medical plan participant and provide that number on reports that will be provided to the IRS each year. This Plan is required to make at least two consecutive attempts to gather missing TINs/SSNs.

If a dependent does not yet have a social security number, you can go to this website to complete a form to request a SSN: <http://www.socialsecurity.gov/online/ss-5.pdf>. Applying for a social security number is FREE.

**If you have not yet provided the social security number (or other TIN) for each of your dependents that you have enrolled in the health plan, please contact the Fund Office.**

### ANNUAL NOTICE: WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA)

Federal law requires the Plan to provide you annually with the following notice.

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

This coverage will be provided subject to the same deductibles, coinsurance and/or co-payment provisions applicable to other medical and surgical benefits provided under the Plan.

If you have any questions about whether the Plan covers mastectomies or reconstructive surgery, or would like more information about WHCRA benefits, please contact the Plan Administrator using the information provided at the bottom of this notice.

For Language Assistance:

Para obtener asistencia en Español, llame al 1-800-527-4613

如果需要中文的帮助, 请拨打这个号码 1-800-527-4613



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### **AVAILABILITY OF HIPAA PRIVACY NOTICE**

The California Ironworkers Field Welfare Plan (the “Plan”) maintains a HIPAA Privacy Notice that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan.

If you would like a copy of the Plan’s HIPAA Privacy Notice, please contact the Plan Administrator using the information provided at the bottom of this notice.

### **MEDICARE NOTICE OF CREDITABLE COVERAGE REMINDER**

If you or your eligible dependents are currently Medicare eligible, or will become Medicare eligible during the next 12 months, you need to be sure that you understand whether the prescription drug coverage that you elect under the Medical Plan options available to you are or are not creditable with (as valuable as) Medicare’s prescription drug coverage.

To find out whether the prescription drug coverage under the medical plan options offered by your employer are or are not creditable you should review the Plan’s Medicare Part D Notice of Creditable Coverage available from the Fund Office.

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