



SOUTHERN CALIFORNIA DRUG BENEFIT FUND
2220 HYPERION AVENUE • LOS ANGELES, CALIFORNIA 90027
TEL (323) 666-8910 • FAX (323) 663-9495 • WWW.UFCWDRUGTRUST.ORG

October 15, 2016 (Website)

Nondiscrimination Notice & Language Assistance

The Southern California Drug Benefit Fund (the “Plan”) does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Plan provides free aids and services to people with disabilities, such as qualified sign language interpreters for individuals with disabilities and information in alternative formats (large print, audio), when necessary to ensure equal opportunity to participate.

The Plan also provides free language assistance services, such as qualified interpreters and oral interpretation, when such services are necessary to provide meaningful access to individuals with limited English proficiency. If you need these services, contact the Plan’s Civil Rights Coordinator at:

Southern California Drug Benefit Fund
P.O. Box 27920
Los Angeles, CA 90027-0920
Phone: (323) 666-8910, ext. 234
Fax: (323) 663-9495

If you believe that the 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 the Fund’s Civil Rights Coordinator, at the address listed above. You can file a grievance in person, by mail, or by fax. If you need help filing a grievance, the Civil Rights Coordinator can help.

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, 1-800-368-1019, 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 1-323-666-8910

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 1-323-666-8910。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-323-666-8910

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-323-666-8910

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-323-666-8910 번으로 전화해 주십시오.

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-323-666-8910 تماس بگیرید.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-323-666-8910

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-323-666-8910 まで、お電話にてご連絡ください。

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1 323-666-8910.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-323-666-8910

ՈՒՇԱՂԴՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք 1-323-666-8910

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-323-666-8910 | 'ਤੇ ਕਾਲ ਕਰੋ |

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-323-666-8910 ។

ध्यान दें: यदि आप हदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-323-666-8910 - पर कॉल करें।

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-323-666-8910