



STATIONARY ENGINEERS LOCAL 39 TRUST FUNDS

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IMPORTANT HEALTH COVERAGE TAX DOCUMENTS

This Notice is to inform you that you are entitled to a copy of your Form 1095-B upon request. The Form 1095-B provides information about the health plan coverage offered to you by the Stationary Engineers Local 39 Health and Welfare Fund.

If you would like to request a copy of your Form 1095-B, please contact us using one of the following methods:

- **Email:** Send your request to 1095Request@hsba.com. Please include your name and “SE 39” in the subject line.
- **Mail:** Send your written request to 4160 Dublin Blvd., Suite 100, Dublin, CA 94568. Please include your name and indicate that the request is for Stationary Engineers Local 39 Health and Welfare Fund.

You will receive a copy of your Form 1095-B within 30 days of your written request.

If you have any questions regarding this Notice, please contact 800-622-0547.

Because this Plan is a “grandfathered health plan,” we are required by law to provide this notice to you:

This group health plan believes the Comprehensive Medical Indemnity plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act a grandfathered health plan can preserve certain basic health coverage that was already in effect when the law was enacted.

Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans for example the requirement for the provision of preventive health services without any cost sharing. However grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act for example the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Trust Fund Office 4160 Dublin Blvd., Suite 100, Dublin, CA 94568, telephone number (925) 208-2280. You may also contact the Employee Benefits Security Administration U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

This document has been uploaded and is available on the participant website at: www.local39benefits.org