



## Electrical Workers Administration and Claims Office

General Welfare, Vacation, Pension & Retirement Savings Funds



28600 Bella Vista Parkway, Suite 1110  
Warrenville, IL 60555-1600

Phone (630) 393-1701  
Fax (630) 393-3615

### IMPROVEMENT TO VISION PLAN

December 2019

To All Plan A and Plan 11 Participants in the IBEW Local 701 Welfare Fund:

**We are pleased to announce, effective January 1, 2020, that progressive eyeglass lenses will now be paid in full (plastic lenses) when you use a provider that participates in the National Vision Administrators (NVA) plan.**

If you use an out-of-network provider, the allowance for progressive lenses will be same as the allowance for bifocal lenses. See the 2017 Summary Plan Description booklet for more information.

To find a participating NVA provider, call 1-800-672-7723 or go to [www.e-nva.com](http://www.e-nva.com).

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#### NONDISCRIMINATION STATEMENT

The IBEW Local 701 General Welfare Fund (the "Plan") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Plan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex. The Plan provides language assistant services to persons whose primary language is not English, and free aids and services where necessary to people with disabilities to communicate effectively with us. If you need these services, contact the Fund Office.

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 by contacting the Fund Office by mail, telephone or in person at the IBEW Local 701 General Welfare Fund, 28600 Bella Vista Parkway, Suite 1110, Warrenville, IL 60555, telephone 1-630-393-1701, #3. If you need help filing a grievance, Fund Office personnel are 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/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, DC 20201, 1-800-868-1019, 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 1-630-393-1701 #3.

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-630-393-1701 #3.

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 1-630-393-1701 #3

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-630-393-1701 #3 ( 번으로 전화해 주십시오.

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-630-393-1701 #3.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-630-393-1701 #3

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-630-393-1701 #3.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-630-393-1701 #3.

1-630-393-1701 #3 خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-630-393-1701 #3.

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-630-393-1701 #3.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-630-393-1701 #3 ( पर कॉल करें।

**ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-630-393-1701 #3.

**ΠΡΟΣΟΧΗ:** Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-630-393-1701 #3.

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-630-393-1701 #3.