Est 1963

Laborers Quarterly

Laborers Funds Administrative Office of Northern California, Inc.

56 years of serving Northern California Laborers and their families.

Q1-2019

Issue 17

www.norcalaborers.org

2019 Trust Fund Calendar

PENSION = Laborers Pension Plan

ANNUITY = Laborers Annuity Plan

VACATION = Laborers Vacation-Holiday Plan

BENEFIT = Paper check mail date or direct deposit date

REGARDING DATES:

All benefit dates are projections and the actual date may vary.

January

- 1st Kaiser plan year begins
- 1st *Closed: New Year's Day*
- 28th February Pension benefit
- 31st January Annuity benefit

February

- 18th *Closed: Presidents Day*
- 25th March Pension benefit
- 28th February Annuity benefit
- 28th Dental/Vision enroll ends

March

- 1st Health plan year starts
- 26th April Pension benefit
- 29th March Annuity benefit

April

- 25th May Pension benefit
- 30th April Annuity benefit
- 30th Vacation Payout

May

- 28th June Pension benefit
- 28th *Closed: Memorial Day*
- 31st May Annuity benefit

June

- 25th July Pension benefit

July

- 4th Closed: Independence Day
- 26th August Pension benefit
- 31st Pension Credit year ends

August

- 1st Pension Credit year begins
- 27th Sept. Pension benefit

September

- 3rd *Closed: Labor Day*
- 25th October Pension benefit
- 30th Sept Annuity benefit

October

- 15th Annuity Statements
- 28th November Pension benefit
- 31st October Annuity benefit
- 31st Vacation Payout

November

- 21st *Closed: Thanksgiving*
- 22nd *Closed: Day after Thanks.*
- 26th December Pension benefit
- 29th November Annuity benefit

December

- 20th January Pension benefit
- 20th December Annuity benefit
- 25th *Closed: Christmas*
- 31st Pension Statement

Important Contacts

Anthem Blue Cross PPO
Doctor Search: www.anthem.com/ca
Urgent Care: www.meemolabs.com/wellpoint/ca.php
Medicare Advantage Plan: 1-833-848-8729

Anthem Dental Complete
1-877-567-1804

Anthem Benefits Advisors
1-844-437-0488

Blue View Vision
1-866-723-0515

Future Moms Program
1-866-664-5404

Kaiser Permanente
1-800-464-4000
www.kaiserpermanente.org

LiveHealth Online
24/7 1-888-548-3432
www.livehealthonline.com

OptumRx
Mail Order 1-800-562-6223
Pharmacy Help 1-800-797-9791
www.optumrx.com

Claremont EAP
1-800-834-3773 - M-F, 8-5
24/7 for clinical emergencies
www.claremonteap.com

Bright Now! Dental
1-888-274-4486
www.brightnow.com

Delta Care USA
1-800-422-4234
www.deltadentalins.com

PrimeCare Dental
1-866-998-3944
www.primecaredental.net

UnitedHealthcare Dental
1-800-999-3367
www.myuhcdental.com

TRAINING CENTER:
1001 Westside Dr, San Ramon, CA 94583
www.norcaltc.org | info@norcaltc.org

Switchboard: 925-828-2513

Email: training@norcaltc.org

Apprenticeship: apprenticeship@norcaltc.org

Need to Know

1099R IRS Tax Form

Your 1099R tax form will be mailed at the end of January 2019. Please make sure that we have your current mailing address on file. If you think your address is not up to date, or you have recently moved, your 1099R may be delayed and could potentially be returned to the Trust Fund Office.

You can call the Trust Fund Office to obtain a change of address form through the mail or by visiting our website, printing one out and mailing it in.

Updating Your Withholdings

Every January, the amount of tax being withheld from your monthly benefit is subject to change as the IRS withholding tax tables change. Your most recent withholding election will remain until you file a new one. You can use IRS Form W-4P, or obtain and complete a withholding certificate from the Trust Fund Office. Withholding is one way for you to pay a portion of your income tax. If no tax or not enough tax is withheld from your benefits, you may have to pay estimated taxes during the year, or a tax penalty at the end of the year.

Electronic Direct Deposit

Tired of having to wait for your Pension or Vacation-Holiday benefit checks in the mail? You have the option to enroll in Electronic Direct Deposit. When you enroll, your benefit checks will be electronically deposited to your financial institution account.

In order to get your benefit checks faster, complete the Authorization Form enclosed in this publication and return it to the Trust Fund Office using the enclosed envelope.

Pension Statements Deferred

SPECIAL NOTICE: The annual Pension statements are normally mailed out to members toward the end of December. The 2018 Pension statements have been deferred until approximately the second week of February so that we can fully integrate the Hod Carriers Pension information into our distribution process.

REMINDER: Dental Open Enrollment

Please remember that the dental open enrollment period is from December 1st through February 28th. Any change in dental enrollment you make will be effective March 1st.

For a complete comparison of plans and a Dental Plan enrollment form, please visit www.norcalaborers.org.

New Phone System

In our last issue of the Laborers Quarterly, we let you know that the Laborers Trust Fund Office is in the process of implementing upgrades to our telephone system that will result in changes to the automated menu prompts and individual extensions. In the coming weeks, we should be able to set an exact launch date and the office will send out more detailed updates as we get closer to being ready.

In the meantime, here are some of the new features and improvements you can expect to find in the new system:

- Reduced wait times
- Increased call paths to handle more phone traffic
- Overall system reliability
- Reorganized menu structure to help get you to the right place faster

These changes will help our office improve the experience of calling the Trust Fund Office for our members as well as allow us to better align our resources with your needs more efficiently. In an effort to make this transition as smooth as possible, we will be sending out updates and helpful resources to help guide you through this new system.

January 2019

To: All Plan Participants

Re: Northern California Laborers Scholarship Contest

We are pleased to announce that the Northern California Laborers Scholarship Foundation will be awarding one hundred (100) full-time scholarships in the amount of $3,000 (community college) or $4,000 (4-year college/university/graduate study) each for the Fall 2019 - Spring 2020 school year.

Please be aware that this scholarship is open only to eligible children of members of affiliated Laborers' Local Union Nos. 67, 73, 185, 261, 270, 294, 304, 324 and 1130.

Enclosed please find a copy of the Application Form and the Contest Rules and Application Instructions. Applications will be accepted beginning February 1, 2019 through no later than 5 pm, Friday, March 22, 2019. Please contact your Local Union or the District Council for more details or any questions regarding eligibility or application requirements.

Sincerely,

Oscar De La Torre, President
Northern California Laborers Scholarship Foundation

Enclosures

ODLT:dle
opeiu29(afl-cio)

4780 Chabot Drive, Suite 200 • Pleasanton, CA 94588-3322 • Phone: (925) 469-6800 • Fax: (925) 469-6900

Northern California Laborers Scholarship Foundation

APPLICATION FORM

This scholarship is a partial scholarship for full-time study that is awarded by the Northern California Laborers Scholarship Foundation to be applied toward the tuition, books, and materials of the selected recipient for the Fall 2019-Spring 2020 school year. If you wish to apply, complete the form below, and carefully follow the enclosed Contest Rules and Application Instructions. Any applications that are incomplete at the close of the contest will be disqualified. Please note that the Foundation and the Scholarship Selection Committee will hold all information in this application in strict confidence.

APPLICATION DEADLINE: RECEIVED IN OFFICE BY FRIDAY, March 22, 2019 – 5 PM

Please type or print in ink.

1. Name: _____
   Last First Middle
2. Date of Birth: _____
3. Student ID Number: _____ 4. Email Address: _____
5. Permanent Address: _____
   Street Address City State, Zip
6. Telephone Number(s) *(include area code)*: _____
7. Current High School/College: _____
8. Date Diploma/Degree Received (or expected):_____
9. Qualifying Parent's Name: _____
   Last First Middle
   Member ID #_____ Laborers' Local Union #_____ Membership Status: Active ☐ Retiree ☐ Deceased ☐
10. Type of Scholarship You're Applying for: Undergrad (min. 12 units each term) ☐ Graduate (min. 6 units each term) ☐
11. Give a brief statement of your financial need *(attach separate sheet if necessary)*:_____

_____

_____

_____

12. List any accomplishments, achievements, work experience, vocational/professional training, internships, certificates of proficiency, community service, hobbies, and affiliations *(attach separate sheet if necessary)*:_____

_____

_____

_____

13. Please select a notable figure or key group of the labor movement and submit a short essay on the person/group you picked and what they contributed towards the movement. This essay should be typed on a separate sheet and include citations.

Date: _____ Student's Signature:_____

Northern California Laborers Scholarship Foundation

2019 Scholarship Award Program - Contest Rules and Application Instructions

This year's program will award one hundred (100) college scholarships of $3,000 (community college) or $4,500 (4-year college/university/graduate program) each, which must be used for full-time study at any nationally accredited U.S. 2-year or 4-year college, or university in the upcoming school year. The following are the general rules and instructions for the 2019 Scholarship Award Program.

Who May Apply:

The applicant must be a child or legally adopted child of a member of a Local Union affiliated with the Northern California District Council of Laborers (open to Laborers' Locals 67, 73, 185, 261, 270, 294, 304, 324, and 1130 only).

The parent of the applicant must be a member in good standing with the Local Union for at least one (1) year immediately preceding the date of application. If parent is deceased, the parent must have been a member in good standing for at least one (1) year immediately preceding the date of death. If the parent is retired, the parent must be a member in good standing for at least one (1) year immediately preceding the date of application (i.e. retiree dues currently being paid).

The applicant must be either:

- a high school senior of a public or private school who is graduating by the end of Spring 2019 and plans to attend, full-time, an accredited college, or university in the United States, or
- a General Education Diploma student who will receive his/her GED by the end of Spring 2019, and plans to attend, full-time, an accredited college, or university in the United States, or
- a student currently enrolled at an accredited college, or university in the United States and will continue to attend, full-time.

- **Any scholarship awarded to a student who does not, at any time during the award period, attend full-time, an accredited college, or university in the United States, will be revoked.**

Instructions:

Applications will be accepted beginning February 1, 2019. **DEADLINE** - All of the following items on this checklist must be received as a complete packet in our office in Pleasanton by **5:00 pm on Friday, March 22, 2019** (faxed/emailed applications are <u>not accepted</u>):

☐ 1. APPLICATION FORM – completed and signed by the applicant.
☐ 2. ESSAY – a short essay on the subject of a notable figure or key group in the labor movement, and their contribution to the movement.
☐ 3. OFFICIAL TRANSCRIPT (current school) – must be in the original, unopened school envelope sealed by an authorized official of the school and should be included in the complete application packet and must be received by our office by Friday, March 22, 2019. **Tip: Request your transcript early; some schools take a few weeks or longer to process a request.**
☐ 4. LETTERS OF RECOMMENDATION - applicants should submit between one and three letters of recommendation giving information about their character and ability. These may be from teachers, community leaders, family friends, or others who know the applicant. Letter(s) of recommendation should be submitted with the application form.
☐ 5. UNION MEMBERSHIP STATUS LETTER – all applicants must request and submit a letter from the Local Union verifying the parent's membership status. Please request this letter directly from the Local where dues are paid and with enough time for you to pick it up.

It is the responsibility of the applicant to ensure that all the above items are received on time and that they are sent to:

NORTHERN CALIFORNIA LABORERS SCHOLARSHIP FOUNDATION
4780 Chabot Drive, Suite 200
Pleasanton, CA 94588-3322

Please note that any incomplete submissions or submissions received after the deadline will not be entered into the competition. Applications may be delivered in person or by any mail/delivery service. <u>All applications must be received no later than 5:00 pm on Friday, March 22, 2019</u>. Due to the volume of mail we receive, we are not able to confirm our receipt of your application within the final weeks of the competition. If you require confirmation of receipt, please use a mail/delivery service that can provide you with a confirmation and/or tracking number.

Awarding Scholarships:

Upon receipt of the application form and required application materials, the Northern California Laborers Scholarship Foundation will submit the application for judging to the University Scholarship Selection Committee, an independent outside group composed entirely of professional educators.

Apart from verifying the eligibility of the applicant, Northern California Laborers Scholarship Foundation will not exercise any choice among the various applicants or indicate in any way that one applicant should be favored over another.

All parts of the application, including any community service, school activities, GPA, essay, etc., will be considered during the selection of scholarship recipients. Based on factors normally used in awarding academic scholarships, the University Scholarship Selection Committee will submit to the Northern California Laborers Scholarship Foundation the list of the finalists to be awarded scholarships. The Northern California Laborers Scholarship Foundation will not impose restrictions of any kind on the course of study. Recipients may accept any other grants or awards which do not rule out scholarship aid or other sources. The recipient must remain a full time student during the entire school year for which the scholarship is awarded.

Laborers & Diabetes | Obreros y la Diabetes

Based on Trust Fund data, 1 in 5 Northern California Laborers has or will get Type 2 Diabetes.
Basándose en datos actuales del Fondo Fideicomiso, 1 de cada 5 Obreros tiene o tendrá diabetes tipo 2.*

**OptumRx data*

Lower Your Risk: Physical Activity
(According to the American Diabetes Association)

- Lower blood glucose, HDL cholesterol; triglycerides
- Lower type 2 diabetes, heart disease; stroke risk
- Strengthen the heart, muscles and bones
- Improve blood circulation; tones muscles
- Keep body and joints flexible

Protecting Your Heart: Exercise
(According to Dr. Gaborko from Kaiser Permanente)

"Not exercising as an adult is as bad for your heart as smoking a pack and half of cigarettes a day. At all body mass index levels: obese, mildly over weight, and normal weight, exercise is the one thing that protects you from heart attacks, strokes, **diabetes** and high cholesterol so being physically fit counts more than being at a healthy weight."

Proteja su Corazon: Ejercisio
(Deacuerdo a Dr. Goborko de Kaiser Permanente)

"No hacer ejercicio como adulto es tan malo para tu corazón como fumar un paquete y la mitad de los cigarrillos al día. "En todos los niveles de índice de masa corporal: obesidad, sobrepeso y peso normal, el ejercicio es lo único que lo protege de los ataques cardíacos, los derrames cerebrales, **la diabetes** y el colesterol alto, por lo que estar en buena forma física cuenta más que tener un peso saludable."

Baja su Riesgo: Actividad Fisica
(Deacuerdo a la Asociación Americana de Diabetes)

- Bajar la glucosa, colesterol HDL; triglicéridos
- Bajar riesgo de diabetes 2 y enfermedad de corazon
- Fortalece el corazón, músculos y huesos
- Mejorar la circulación y tonifica los músculos
- Mantener el cuerpo y las articulaciones flexibles

Laborers and Family Members with the Following Factors are at a higher risk:

Los Obreros y su familia con los siguientes factores están en mas riesgo:

Body Mass Index (BMI) Over 25	Adults Over 40	Hispanic or African American	Parent or Sibling with Diabetes	Sedentary Lifestyle
Masa Corporal Índice (BMI) Sobre 25	Adultos Mayores de 40	Hispano o Afro-Americano	Padre o Hermano con Diabetes	Estilo de Vida Sedentario

ELECTRONIC DIRECT DEPOSIT

YOUR BENEFIT FASTER

DEPOSITO DIRECTO ELECTRONICO

SU BENEFICIO RAPIDO

VACATION-HOLIDAY / VACACIÓN-FERIADO

Electronic Direct Deposit Form / Forma de Deposito Electronic Directo

NAME/NOMBRE				SOCIAL SECURITY NO./SEGURO SOCIAL
ADDRESS/DOMICILIO	**STREET/CALLE**	**CITY/CIUDAD**	**STATE/ESTADO**	**ZIP CODE/CODIGO**
FINANCIAL INSTITUTION/INSTITUCION FINANCIERA				
BRANCH-OFFICE ADDRESS/DOMICILIO DE OFICINA		**CITY/CIUDAD**	**STATE/ESTADO**	**ZIP CODE/CODIGO**

TYPE OF ACCOUNT AND ACCOUNT NUMBER (CHECK-OFF BOX AND WRITE BOTH ACCOUNT NUMBER AND ROUTING NUMBER)

☐ CHECKING ACCOUNT ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ROUTING ☐☐☐☐☐☐☐☐☐

You MUST enclose a personal check with your pre-printed name and address, marked "VOID" across the front.
Usted DEBE adjuntar un cheque personal con su nombre y domicilio preimpreso y marcado "VOID" a traves del frente.

-- OR/O --

☐ SAVINGS ACCOUNT ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ROUTING ☐☐☐☐☐☐☐☐☐

You MUST provide proof that account is in your name / *Usted DEBE proporcionar prueba que la cuenta esta en su nombre.*

I hereby authorize Laborers Vacation-Holiday Trust Funds for Northern California to initiate deposits (or correcting entries to previous deposits) to the account checked above. This authorization is to remain in force until I revoke it by giving a written notice to the Trust Funds.

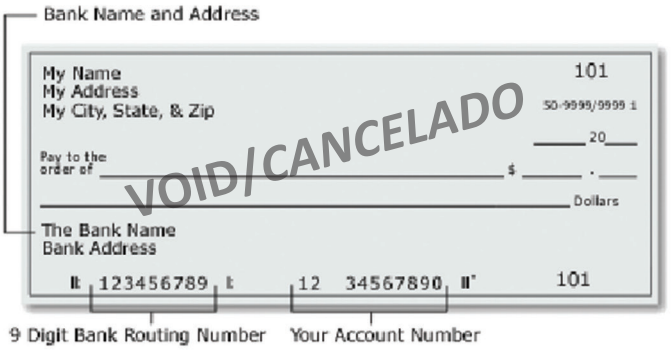
PARTICIPANT SIGNATURE/FIRMA: **DATE/FECHA:**

ATTACH VOIDED CHECK HERE

ADJUNTO CHEQUE CANCELADO

- ***Alternatively, you can submit a bank statement or a letter from your bank on their letterhead.***
- ***Alternativamente, puede enviar un extracto bancario o una carta con membrete de su banco.***

Attach here



To get your Vacation-Holiday benefit faster, complete this Authorization Form and return it to the Trust Fund Office using the enclosed envelope.

Para obtener sus beneficios de Vacación-Feridado mas rápido, completa el Formulario de autorización y regreselo a la Oficina del Fondo Fideicomiso usando el sobre adjunto.

ELECTRONIC DIRECT DEPOSIT — YOUR BENEFIT FASTER

DEPOSITO DIRECTO ELECTRONICO — SU BENEFICIO RAPIDO

PENSION & HEALTH CARE EXPENSE / PENSION & GASTO DE SALUD

Electronic Direct Deposit Form / Forma de Deposito Electronic Directo

NAME/NOMBRE				SOCIAL SECURITY NO./SEGURO SOCIAL
ADDRESS/DOMICILIO	**STREET/CALLE**	**CITY/CIUDAD**	**STATE/ESTADO**	**ZIP CODE/CODIGO**
FINANCIAL INSTITUTION/INSTITUCION FINANCIERA				
BRANCH-OFFICE ADDRESS/DOMICILIO DE OFICINA		**CITY/CIUDAD**	**STATE/ESTADO**	**ZIP CODE/CODIGO**

TYPE OF ACCOUNT AND ACCOUNT NUMBER (CHECK-OFF BOX AND WRITE BOTH ACCOUNT NUMBER AND ROUTING NUMBER)

☐ CHECKING ACCOUNT ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ROUTING ☐☐☐☐☐☐☐☐☐

You MUST enclose a personal check with your pre-printed name and address, marked "VOID" across the front.
Usted DEBE adjuntar un cheque personal con su nombre y domicilio preimpreso y marcado "VOID" a traves del frente.

-- OR/O --

☐ SAVINGS ACCOUNT ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ROUTING ☐☐☐☐☐☐☐☐☐

You MUST provide proof that account is in your name / *Usted DEBE proporcionar prueba que la cuenta esta en su nombre.*

I hereby authorize Laborers Pension and Health & Welfare Trust Funds for Northern California to initiate deposits (or correcting entries to previous deposits) to the account checked above. This authorization is to remain in force until I revoke it by giving a written notice to the Trust Funds.

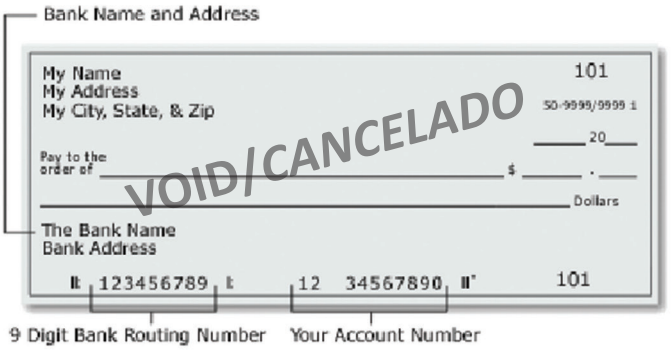
PARTICIPANT SIGNATURE/FIRMA: **DATE/FECHA:**

ATTACH VOIDED CHECK HERE

ADJUNTO CHEQUE CANCELADO

- ***Alternatively, you can submit a bank statement or a letter from your bank on their letterhead.***
- ***Alternativamente, puede enviar un extracto bancario o una carta con membrete de su banco.***

Attach here



To get your Pension & Health Care Expense benefit faster, complete this Authorization Form and return it to the Trust Fund Office using the enclosed envelope.

Para obtener sus beneficios de Pensión & Gastos de Salud mas rápido, completa el Formulario de autorización y regreselo a la Oficina del Fondo Fideicomiso usando el sobre adjunto.

2019 Calendario del Fondo

PENSION = Plan de Pension de Obreros

ANNUITY = Plan de Anualidad de Obreros

VACACION = Plan de Vacacion-Feriado de Obreros

SOBRE LAS FECHAS:

Todas las fechas de beneficios son proyecciones y la fecha actual puede variar.

Enero

- **1º** Empieza año de Kaiser
- **1º** *Oficina cerrada*
- **28** Pension de Febrero
- **31** Anualidad de Enero

Febrero

- **18** *Oficina cerrada*
- **25** Pension de Marzo
- **28** Anualidad de Febrero
- **28** Inscripcion dental/vision acaba

Marzo

- **1º** Empeiza año Pago Directo
- **26** Pension de Abril
- **29** Anualidad de Marzo

Abril

- **25** Pension de Mayo
- **30** Anualidad de Abril
- **30** Pago de Vacacion

Mayo

- **28** Pension de Junio
- **28** *Oficina cerrada*
- **31** Anualidad de Mayo

Junio

- **25** Pension de Julio

Julio

- **4º** Oficina cerrada
- **26** Pension de Agosto
- **31** Acaba año credito Pension

Agosto

- **1º** Empieza año credito Pension
- **27** Pension de Septiembre

Septiembre

- **2º** *Oficina cerrada*
- **25** Pension de Octubre
- **30** Anualidad de Septiembre

Octubre

- **15** Anualidad estado de cuenta
- **28** Pension de Noviembre
- **31** Anualidad de Octubre
- **31** Pago de Vacacion

Noviembre

- **21** Oficina cerrada
- **22** Oficina cerrada
- **26** Pension de Diciembre
- **29** Anualidad de Noviembre

Diciembre

- **20** Pension de Enero
- **20** Anualidad de Diciembre
- **25** Oficina Cerrada
- **31** Pension estado de cuenta

Contactos Importantes

Anthem Blue Cross PPO
Busqeda de Doctores: www.anthem.com/ca
Cuidado Urgente: www.meemolabs.com/wellpoint/ca.php
Plan Medicare Advantage: 1-833-848-8729

Anthem Dental Complete
1-877-567-1804

Blue View Vision
1-866-723-0515

Benefits Advisor
1-844-437-0488

Future Moms
1-866-664-5404

Kaiser Permanente
1-800-464-4000
www.kaiserpermanente.org

Claremont EAP
1-800-834-3773: L-V, 8-5
24/7 emergencias clinicas
www.claremonteap.com

LiveHealth Online
24/7 1-888-548-3432
www.livehealthonline.com

OptumRx
Orden por Correo: 1-800-562-6223
Ayuda de Farmacia: 1-800-797-9791
www.optumrx.com

Bright Now! Dental
1-888-274-4486
www.brightnow.com

Delta Care USA
1-800-422-4234
www.deltadentalins.com

PrimeCare Dental
1-866-998-3944
www.primecaredental.net

UnitedHealthcare Dental
1-800-999-3367
www.myuhcdental.com

TRAINING CENTER:
1001 Westside Dr, San Ramon, CA 94583
www.norcaltc.org | info@norcaltc.org

Operador: 925-828-2513

Email: training@norcaltc.org

Apredizaje: apprenticeship@norcaltc.org

Por favor considere el entorno antes de imprimir materiales en línea.

Necesita Saber

Forma de Impuestos 1099R

Su forma de impuestos 1099R se enviara por correo a finales de enero de 2019. Por favor asegúrese de que tenemos su dirección. Si cree que su dirección no está actualizada, su 1099R puede ser retrasado o devuelto a la Oficina del Fondo. Usted puede llamar a la Oficina del Fondo para obtener un formulario de cambio de dirección a través del correo visitando nuestro sitio web, imprimir el formulario y enviarlo por correo.

Cambiando sus Retenciones

Cada enero, los impuesto de su beneficio mensual está sujeto a cambios conforme cambian las tablas del IRS. Su elección de retención más reciente permanecerá hasta que presente una nueva. Puede usar el Formulario W-4P del IRS, o obtener y completar un certificado de retención de la Oficina del Fondo Fiduciario. La retención de dinero es una forma de que usted pague una parte de su impuesto sobre la renta. Si no se cobra impuestos de sus beneficios, es posible que tenga que pagarlos durante el año o una sanción fiscal al final del año.

Deposito Electronico Directo

¿Cansado de tener que esperar por correo sus cheques de beneficios de Pensión o Vacaciones-Feriado? Usted tiene la opción de inscribirse en Depósito Directo Electrónico. Cuando se inscriba, sus cheques de beneficios se depositarán electrónicamente en la cuenta de su institución financiera. Para obtener sus cheques más rápido, complete el Formulario de autorización que se adjunta y regreselo a la Oficina del Fondo Fideicomiso usando el sobre adjunto.

Estados de Cuenta de Pension Diferidos

AVISO ESPECIAL: Los estados de cuenta anuales de Pensión normalmente se envían por correo a los miembros en fines de Diciembre. Los estados de cuenta de 2018 se han diferido hasta aproximadamente la segunda semana de Febrero para que podamos integrar completamente la información de Pensión de Hod Carriers en nuestro proceso de distribución.

RECUERDO: Inscripcion Abierta Dental/Vision

Por favor, recuerde que el período de inscripción abierta dental y vision es desde el 1º de Diciembre hasta el 28 de Febrero. Cualquier cambio en su inscripción será efectivo el 1º de Marzo. Para una comparación completa de planes y formularios de inscripción favor visite nuestro sitio web.

Sistema de Telefono Nuevo

En nuestro Laborers Quarterly anterior, le informamos que la Oficina del Fondo de Fideicomiso de los Trabajadores está en proceso de implementar actualizaciones en nuestro sistema telefónico que darán como resultado cambios en las solicitudes de menú automatizadas y extensiones individuales. En las próximas semanas, podriamos establecer una fecha de lanzamiento exacta y la oficina enviará actualizaciones más detalladas a medida que estemos más cerca de estar listos. Mientras tanto, estas son algunas de las nuevas características y mejoras que puede esperar encontrar en el nuevo sistema:

- Tiempos de espera reducidos
- Aumento de rutas de llamadas para manejar más tráfico telefónico
- Fiabilidad general del sistema
- Estructura de menú reorganizada para ayudarlo a llegar al lugar correcto más rápido

Estos cambios ayudarán a nuestra oficina a mejorar la experiencia de llamar a la Oficina del Fondo Fideicomiso para nuestros miembros y nos permitirán alinear mejor nuestros recursos con sus necesidades de manera más eficiente. En un esfuerzo por hacer esta transición lo más fácil posible, enviaremos actualizaciones y recursos útiles para guiarlo a través de este nuevo sistema.

Laborers Funds Administrative Office
of Northern California, Inc.
220 Campus Lane
Fairfield, CA 94534

Directions to the Fund Office

From/De Sacramento: I-80 West/Oeste

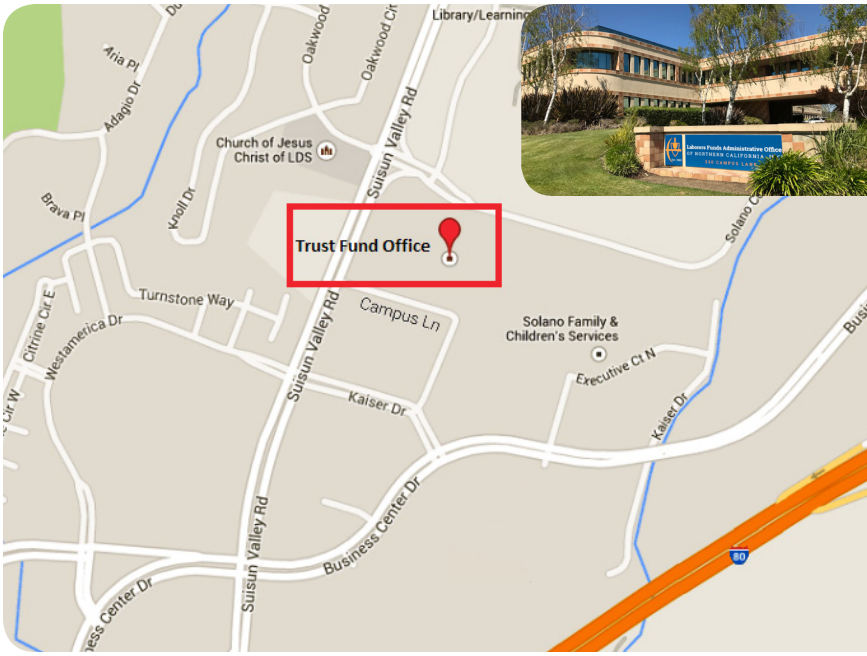
Suisun Valley Road/Green Valley Road exit → Right at fork onto Neitzel Road → Left onto Suisun Valley Road → Right onto Campus Lane → Arrive at 220 Campus Lane

Salida de Suisun Valley Road/Green Valley Road → Derecha en Neitzel Road → Izquierda en Suisun Valley Road → Derecha en Campus Lane → Llegue a 220 Campus Lane

From/De San Francisco: I-80 East/Este

Suisun Valley Road exit → Left onto Suisun Valley Road → Right onto Campus Lane → Arrive at 220 Campus Lane

Salida de Suisun Valley Road → Izquierda en Suisun Valley Road → Derecha en Campus Lane → Llegue a 220 Campus Lane



220 Campus Lane | Fairfield, CA 94534 | 707-864-2800 | 1-800-244-4530 | Monday - Friday, 8am - 5pm
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