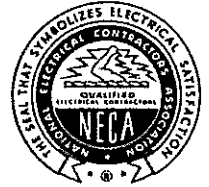




LOCAL UNION 551, I.B.E.W.  
SANTA ROSA

**ELECTRICAL WORKERS HEALTH & WELFARE TRUST FUND  
REDWOOD EMPIRE ELECTRICAL WORKERS PENSION TRUST FUND**

2525 CLEVELAND AVENUE, SUITE C  
SANTA ROSA, CALIFORNIA 95403  
TELEPHONE (707) 526-1996 • FAX (707) 526-7248  
WWW.REEW.ORG



REDWOOD EMPIRE CHAPTER  
PETALUMA



April 12, 2004

Dear Participant:

The enclosed documents are the HIPAA privacy notices for the PPO program, the Alcohol and/or Chemical Dependency program, the Delta Dental program and the vision services plan program of the Redwood Empire Electrical Workers Health and Welfare Plan. The notices are effective April 14, 2004. The Plan is required by federal law to distribute these notices to you. Specifically, the federal law that requires these Notices is the privacy regulations of the Health Insurance Portability and Accountability Act of 1996 (the "HIPAA Privacy Rule").

The reason for the HIPAA Privacy Rule is that Congress recognized that advances in electronic technology could erode the privacy of protected health information. Accordingly, Congress mandated the adoption of the privacy protections for individually identifiable health information. The HIPAA Privacy Rule establishes, for the first time, a foundation of federal protections for the privacy of protected health information. The enclosed Notices are a brief summary of how the HIPAA Privacy Rule applies to the PPO program, the Alcohol and/or Chemical Dependency program, the Delta Dental program and the vision services plan program of the Plan. If you are covered under the Kaiser program or the Health Net program, Kaiser or Health Net should have sent you its Notice regarding the HIPAA Privacy Rule.

Because of the HIPAA Privacy Rule, effective April 14, 2004, in order for the Plan to assist you with questions that you have about benefits that would require the Plan to contact Kaiser or Health Net, you must complete an authorization form and send it to the Plan. However, because the PPO program is not provided through an insurance carrier, we can assist you with your questions under that Program without an authorization form. Please note that, in general, we cannot provide your health information to other persons who assist you with benefits matters under the Plan unless you have provided the Plan with a written authorization to do so.

To receive a copy of an authorization form, please contact the Plan office.

Lastly, if you are not enrolled in, or eligible for, one of the programs for which a Notice is enclosed, please disregard the Notice for that benefit.

If you have any questions, please call the Plan office at (707) 526-1996.

Sincerely,

*Alice Marshall*

Alice Marshall  
Administrator

ope-3afl&cio

#591581