TO: All Participants

AFL Hotel and Restaurant Workers Health and Welfare Trust Fund

FROM: Board of Trustees

SUBJECT: Notification of a Disabled Child and Vision Care Program

The Board of Trustees, at their meeting on April 13, 2011, adopted the following changes:

I. Notification of a Disabled Child

A dependent child who, upon attaining age 26, has a mental or physical disability which was incurred prior to age 19 and which renders the child incapable of self-support, will continue to be covered for benefits as long as 1) such child remains unmarried, disabled, and incapable of self-support and 2) you remain an eligible Participant under the Plan; provided that the child was covered under the plan prior to age 26. You must, however, upon the child's attaining **age 26** and when requested periodically thereafter, submit satisfactory proof to the Trust Fund of his or her incapacity beginning prior to age 19.

II. Vision Care Program – Current Providers

A. Lui, Lai, and Associates, Inc. dba Mid Pacific Eyecare

Lui, Lai, and Associates, Inc. dba Mid Pacific Eyecare, a current participating provider, has moved from their location at 40 Aulike Street in Kailua to a new location, **effective April 4, 2011**. Kevin K. Lui, O.D., Cherilyn S.L. Lai, O.D., and Kristin K. Shimabukuro, O.D. will be available to render services at their new location. Their new address is as follows:

Mid Pacific Eyecare 407 Uluniu Street, Suite 109 Kailua, Hawaii 96734 Phone: (808) 262-4071

B. George Plechaty, M.D.

George Plechaty, M.D., a current participating provider, has changed his mailing address, **effective April 30, 2011**. He has also closed his Queen's Physicians Office location and has moved to his Waianae office location. His new address is as follows:

George Plechaty, M.D. 85-970 Farrington Highway Waianae, Hawaii 96792

Phone: (808) 696-7028

You are free to use any licensed care provider of your choice and receive the Trust Fund's allowances for covered services and supplies. However, by receiving services and supplies from a participating provider, you limit your outof-pocket costs for covered services. For a complete listing of participating vision care providers, please contact the Trust Fund office.

REMINDER

All vision claims must be filed within 90 days from the date of service.

Should you have any questions on the above changes or need assistance with your coverage, please contact the Trust Fund office at 523-0199, or for neighbor islands, call toll free at 1-(866) 772-8989.