

**AFL Hotel & Restaurant Workers  
Health & Welfare Trust Fund  
Benefit and Risk Management Services**  
560 N. Nimitz Highway, Suite 209  
Honolulu, HI 96817-5315

TO: AFL HOTEL & RESTAURANT WORKERS HEALTH & WELFARE TRUST  
KAISER PARTICIPANTS

FROM: BOARD OF TRUSTEES

RE: RE-ENROLLMENT PROJECT

DATE: August 2009

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In August 2006, the Re-Enrollment Project was implemented for the Participants of the AFL Hotel & Restaurant Workers Health & Welfare Trust. During this time an **Eligibility Information Verification Form** was sent to each participant requesting to verify information for participants and their dependents.

After reviewing our records, we found that you have not returned the **Eligibility Information Verification Form**. We have enclosed another form for your completion. This form should be fully completed and returned to our office no later than **Thursday, October 15, 2009**. If we are not in receipt of the completed form by this date, your medical insurance will **switch** from Kaiser to the AFL Indemnity Plan (HMA), effective November 1, 2009. At which time, your claims may be subject to pend.

To avoid the switch in medical carriers, please return the attached form to our office as soon as possible.

Send completed forms to: AFL Hotel & Restaurant Workers Health & Welfare Trust  
c/o Benefit & Risk Management Services  
560 N. Nimitz Hwy., Suite 209  
Honolulu, Hawaii 96817

Should you have any questions, please contact our Health & Welfare Customer Service Representatives at 523-0199, neighbor island participants (866) 772-8989.

Thank you.

Enclosure