

# HOTEL BARGAINING UNIT OPEN ENROLLMENT AND DEPENDENT BENEFIT CARE APPLICATION

The Annual Open Enrollment period for the AFL Hotel & Restaurant Workers Health & Welfare Trust Fund (“the Plan”) is **Friday, November 1, 2024 through Saturday, November 30, 2024, to be effective January 1, 2025**. If you wish to change medical plans or add a dependent, please visit, [www.unitehere5trustbenefits.com](http://www.unitehere5trustbenefits.com) to complete your online enrollment form. You may also visit the Trust Fund Office, Benefit & Risk Management Services (BRMS) at 560 N. Nimitz Hwy., Suite 219, Honolulu, Hawaii 96817-5315 or contact (808) 523-0199; neighbor island (866) 772-8989, for further assistance.

Also included is the Annual Application for the Dependent Benefit Care Benefit. Unlike the Medical Plans Annual Open Period in the month of November, the Dependent Benefit Care extends through December 15, 2024. For information on this benefit please contact Sterling Administration at (844) 534-4676 or email: [local5support@sterlingadministration.com](mailto:local5support@sterlingadministration.com)

## Medical Plans

Two (2) choices are available:

### **1. AFL Self-Funded Comprehensive Medical Plan**

The AFL Comprehensive Medical Plan is a preferred provider or “freedom of choice” plan. You may receive services from the doctor of your choice and payments are based on a percentage of Eligible Charges. Under this plan, your out-of-pocket costs are usually lower when you receive services from a participating provider.

### **2. Kaiser Permanente Plan**

The Kaiser Permanente Plan is an “HMO Plan.” You must receive services from a Kaiser Permanente doctor, and your co-payment is usually a fixed dollar amount.

## Dental Plan

### **Hawaii Dental Service (HDS)**

The HDS Plan offers you freedom to choose your own dentist. You may select from a network of over 96% of the dentists statewide. National coverage is also available through Delta Dental Plans Association, the largest dental benefits provider in the nation.

A Summary of Benefits and Coverage for the medical plan(s) are enclosed along with a dental benefits sheet.

Spousal Attestation

The Attestation Form for Married Participants is enclosed to update your records for any Coordination of Benefits. We kindly ask that you take a few minutes to review and submit the completed form back to the Trust Fund Office in one of the following methods: 1) mail; 2) email to [hiaflinfo@brmsonline.com](mailto:hiaflinfo@brmsonline.com) or 3) fax to (808) 537-1074.

Trust Fund Administrator  
On behalf of the  
Board of Trustees

Enclosures  
October 2024