

AFL Hotel and Restaurant Workers Health and Welfare Trust Fund

DEPENDENT CARE BENEFIT - ELDER/DISABLED CARE

This is a summary overview of the Elder/Disabled Care Benefit provided by the AFL Hotel and Restaurant Workers Health and Welfare Trust Fund (“Fund”). Please refer to the Summary of Material Modification for details of the Plan (“SMM”). If there is any conflict between this summary and the SMM, the SMM will control.

ELDER/DISABLED CARE BENEFITS

The Elder/Disabled Care Benefit helps pay for caregiving services for Elder/Disabled Relatives to enable you to go to work with peace of mind. You are eligible for this benefit for each month you are eligible for health coverage under the Fund, provided that you and your Elder/Disabled Relative meet all other requirements of this benefit.

Eligible Elder/Disabled Relative:

- Your spouse or domestic partner, a disabled child 13 years and older, a parent, a current parent-in-law, current step-parent or step-parent-in-law or a grandparent;
- Who is mentally or physically incapable of self-care; and
- Resides with you in Hawaii for more than half the calendar year

Ineligible Providers: No reimbursement will be paid under any of these benefits for care provided by you, your spouse, domestic partner, a child, foster child or stepchild under the age of 19 at the close of the taxable year or someone you (or your spouse if filing jointly) can claim as a dependent.

BENEFIT CHART

CATEGORY	DESCRIPTION	REQUIRED DOCUMENTS FOR
INFORMAL Up to \$325/Month	An informal provider is a person or a provider not licensed by the state who provides care. Informal providers may include relatives, neighbors, and friends.	<ol style="list-style-type: none">1. Affidavit2. Completed Doctors Certification Form3. Banking Form4. Proof of Care Form5. Proof of relationship to relative6. Proof of relative's residency7. Relative's Social Security Card8. W-4 and HW-4

FORMAL Up to \$325/Month	Formal caregiving provider is a person, program or facility legally licensed by the state.	<ol style="list-style-type: none"> 1. Affidavit 2. Completed Doctors Certification Form 3. Banking Form 4. Proof of Payment Form with receipts 5. Care Provider Form, completed by provider 6. Proof of relationship to relative 7. Proof of relative's residency 8. Relative's Social Security Card 9. W-4 and HW-4
------------------------------------	--	---

TO APPLY FOR BENEFITS YOU NEED...

- ... to work for an employer that contributes to the Dependent Care Benefit – Elder/Disabled Care.
- ... to have worked sufficient hours to qualify for eligibility under Fund rules.
- ... to meet the residence requirement. Benefits are limited to Elder/Disabled relatives and participants who live in the state of Hawaii.
- ... to enroll using your mobile phone or computer or completing the forms and mailing to BRMS: **560 North Nimitz Highway, Suite 209 Honolulu, Hawaii 96817-5315**
- ... to complete all forms and upload all required documents. See above for the list of required documents for each benefit.

APPLICATION TIMELINE

- Benefits are granted on a yearly basis: The plan year begins January 1st and runs until December 31st. You will need to reapply each year. Because the number of slots for each benefit is limited, slots are awarded on a first come first served basis upon receipt of completed enrollment.
- Each year the Plan will notify participants of the specific dates for the Application Period.
- An email or text notification will be sent regarding your application status.
- When a benefit has no more slots available, applicants will be put on a waitlist. Remember that applications will continue to be accepted even after all available slots have been filled. Slots are processed on a first come first served basis.
- If you disagree with any benefit decision, for example about your eligibility for a benefit, you have the right to appeal that decision. Please refer to the General Appeals section in your Summary Plan Description for procedures and timeline on filing an appeal. You may also request a copy of the Plan's appeals procedures from the Plan administrator, BRMS by calling 808-523-0199.

BENEFIT CHOICES

- When applying, determine whether the caregiving provider is informal (relative, friend, neighbor) or formal (licensed by the state).
- Only 1 slot per family is available, even if two members of the same family are eligible for benefits.
- Normally, your benefit will stop at the end of the Plan year. However, a benefit may stop earlier if the Elder/Disabled Relative no longer qualifies (for example your Doctor has noted limited time caregiving needs or if the Elder/Disabled relative is deceased).

REQUIRED DOCUMENTATION WITH APPLICATION

- Documentation that the Elder/Disabled Relative you are applying for lives with you in the state of Hawaii. This may include official mail with their name and matching address to the employee, or a tax return that lists their address.
- Proof of your relationship to the relative, such as a copy of a birth certificate, marriage certificate, or domestic partnership certificate. (Example: If the relative is your parent-in-law, submit your marriage certificate and your spouse's birth certificate.) Please note that documents in a foreign language must be translated into English and verified by a notary public.
- A copy of your relative's Social Security Card or other official government-issued identification.
- Proof of your relative's residence, such as a recent Social Security or SSI check, a senior identification card, or a letter from a doctor or insurance company showing your relative's address (Proof must be dated within 90 days of the application date).
- The completed W-4 and HW-4 tax forms for tax reporting purposes. The monies that are received may be considered taxable income.
- Completed Care forms for both informal (proof of care form) and formal (care provider form) care.