

CIR Benefit Funds

CIR LEGAL SERVICES

VOLUNTARY HOSPITALS HOUSE STAFF BENEFITS PLAN

2024 Summary Plan Description/Plan Document

Committee of Interns and Residents Legal Services Office

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IMPORTANT NOTICES

This document describes your benefits. Do not rely on statements made by any individual(s). The only authorized information concerning your benefits must be in writing from the Board of Trustees, who are acting within their official capacity. The Board of Trustees has not empowered anyone else to speak for them with regard to the Voluntary Hospitals House Staff Benefits Plan (VHHSBP). No employer representative or supervisor is in a position to discuss your rights under the VHHSBP with authority. If you have any questions about any aspect of your participation in the VHHSBP, you should for your own permanent record, write to the Benefits Office or the Board of Trustees. You will then receive a written response, which will provide you with a permanent reference.

The Trustees reserve the right, in their sole discretion, to change or discontinue the types and amounts of benefits under the VHHSBP and to interpret, construe, and apply the terms of the VHHSBP or the eligibility rules, including those rules providing extended or accumulated eligibility, even if the eligibility has already been accumulated. Written amendments are periodically made to the VHHSBP and distributed to employees and dependents. Please retain any amendments to this document for easy reference.

GENERAL PLAN INFORMATION

This booklet describes the benefits provided to you through CIR Legal Services (CIRLS) of the Voluntary Hospitals House Staff Benefits Plan (VHHSBP). The benefits, which are self-insured, are described in detail below.

VOLUNTARY HOSPITALS HOUSE STAFF BENEFITS PLAN
CIR LEGAL SERVICES BENEFIT (CIRLS)

January 2024

Dear Employees and Eligible Dependents,

We are pleased to present you with this revised and updated Summary Plan Description (SPD), which also serves as the Plan Document for the Committee of Interns and Residents (CIR) Legal Services (CIRLS) of the Voluntary Hospitals House Staff Benefits Plan (VHHSBP). This booklet describes the benefits available to you through CIRLS.

VHHSBP (Plan) is a joint labor-management employee benefit trust fund, financed by contributions fixed by Collective Bargaining Agreements or other written memorandum of agreements, and is administered by an equal number of Trustees designated by the participating Employers and by the Committee of Interns and Residents pursuant to an Agreement and Declaration of Trust (Trust Agreement), which may be amended from time to time. The Trust Agreement gives the Board of Trustees authority and discretion to determine benefits, and the Trustees have accordingly adopted this plan of benefits described in this SPD. Under the Trust Agreement and this SPD, the Trustees may, in their discretion, revise, discontinue, improve, reduce, modify or make changes in the plan, the types and amounts of benefits provided, coverage and eligibility provisions, conditions and rules at any time. In carrying out their responsibilities under the Plan, the Board of Trustees or its delegate, other Plan fiduciaries, and the insurers or administrators of the Plan, have full discretionary authority to interpret the terms of the Plan and to determine eligibility and entitlement to Plan benefits in accordance with the terms of the Plan. Any interpretation or determination made under that discretionary authority will be given full force and effect, unless it can be shown that the interpretation or determination was arbitrary or biased. Any questions of interpretation, construction, application or enforcement of the terms of the Plan and this SPD and all determinations on benefit claims and appeals are subject to the discretion of the Board of Trustees, whose determinations are final and binding.

VHHSBP is currently funded by these participating employers: BronxCare Health System, Brooklyn Hospital Center, CarePoint Health - Christ Hospital, CarePoint Health – Hoboken University Medical Center, Flushing Hospital Medical Center, Institute for Family Health – Harlem, Jamaica Hospital, Maimonides Medical Center, Montefiore Medical Center (Wakefield), Mount Sinai Morningside West, New York Methodist Hospital, One Brooklyn Health (formerly Brookdale University Hospital and Medical Center, Interfaith Medical Center, and Kingsbrook Jewish Hospital), St. Barnabas Hospital, St. John's Episcopal Hospital, and Wyckoff Heights Medical Center. VHHSBP receives its funds pursuant to the terms of the Collective Bargaining Agreements (CBAs) negotiated by CIR on your behalf. The CBAs require your employer to make contributions into the Plan at a fixed rate per employee.

This SPD describes the benefits to which you and your eligible dependent(s) are entitled, eligibility guidelines, rules and regulations, procedures to follow to obtain benefits, and information provided in compliance with government regulations under the Employee Retirement Income Security Act of 1974 (ERISA), COBRA, and other regulations. The Plan operates under this SPD, the Trust Agreement, and other governing documents as further explained in the section, *Statement of Rights under ERISA*.

This SPD does not create a contract of employment. The Plan makes no representation that employment with a participating employer represents lifetime security or a guarantee of continued employment. Further, your eligibility or rights to benefits under this Plan should not be interpreted as a guarantee of employment. The Board of Trustees, as Plan Sponsor, intends that the terms of the Plan, as described in this document, including those relating to coverage and benefits, are legally enforceable, and that the Plan is maintained for the exclusive benefit of participants, as defined by law.

We urge you to read this booklet carefully and keep it handy. The Board of Trustees believes that your benefits will be a valuable asset to you and your family. If you have any questions regarding this material, please contact the VHHSBP Benefits Office at benefits@cirseiu.org or via phone (212) 356-8180.

Sincerely,

BOARD OF TRUSTEES

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General Plan Information

CIR Legal Services (CIRLS) provides pre-paid legal benefits for yourself and your dependents on covered matters. All covered matters are handled by CIRLS through either its in-house legal staff or designated outside counsel, called “cooperating attorneys,” who CIRLS has retained to help meet the legal needs of employees and dependents.

Eligibility and Enrollment

The contributions received by participating employers are considered taxable income to CIRLS participants. As a result, a small sum will be reported each year on your W-2 form by your participating employer. In 2022, that sum is $9 per month and $108 per year but is subject to change.

Effective Date of Eligibility

This SPD covers employees of BronxCare Health System, Brooklyn Hospital Center, CarePoint Health - Christ Hospital, CarePoint Health – Hoboken University Medical Center, Flushing Hospital Medical Center, Institute for Family Health – Harlem, Jamaica Hospital, Maimonides Medical Center, Montefiore Medical Center (Wakefield), Mount Sinai Morningside West, New York Methodist Hospital, One Brooklyn Health (formerly Brookdale University Hospital and Medical Center, Interfaith Medical Center, and Kingsbrook Jewish Hospital), St. Barnabas Hospital, St. John’s Episcopal Hospital, and Wyckoff Heights Medical Center. If you are an employee of any of these participating employers, then you are eligible to participate in VHHSBP and receive CIRLS benefits from the date of your hire when you go on your participating employer’s payroll. To become eligible for benefits you must work a minimum of 20 hours per week and contributions must be received on your behalf.

The following rules apply to determine the effective date of your eligibility:

If you start working and go on your employer’s payroll between the 1st of the month and the 15th of the month and contributions are required to be made to VHHSBP on your behalf, you and your eligible dependent(s) will become eligible for benefits on the day you go on payroll.

If you go on your employer’s payroll between the 16th of the month and the last day of the month and contributions are required to be made to this VHHSBP on your behalf, you and your eligible dependent(s) will become eligible for benefits on the first day of the following month.

Employees who rotate off the payroll of a VHHSBP participating employer and rotate back will be able to recommence benefits immediately.

You must complete an Enrollment Form to enroll for benefits.

Rotation Away From Participating Employer

If, during a rotation, you switch from your current hospital’s payroll to the payroll of a hospital that is not a participating employer of VHHSBP, you should be aware that your CIRLS benefits cease for such period except in the following limited circumstance: if litigation is pending when your employment is terminated, CIRLS will continue representing you for a maximum of sixty (60) days. Any other ongoing legal services will cease to be covered upon your termination from your current hospital’s payroll. Please see further information in the section titled *Extension and Continuation of Coverage*.

Your VHHSBP CIRLS benefits coverage resumes on the day you return to a VHHSBP-participating employer payroll.

Dependent(s) Eligibility

Coverage of your eligible dependent(s) begins on the same day your coverage begins as long as you enroll them when you complete your Enrollment Form and provide sufficient proof of eligibility.

However, dependents are not eligible for all types of legal services. Please see the section titled *Types of Legal Services Covered* for more information about eligibility for specific types of legal services.

VHHSBP will not provide CIRLS benefits to your eligible dependent(s) without a completed Enrollment Form and the required proof of dependent status (discussed below).

Your eligible dependent(s) include:

- Your spouse to whom you are legally married;
- Your domestic partner;
- A dependent child, up to the end of the calendar year of their 26th birthday, including:
    - your biological child;
    - your legally adopted child or a child placed for adoption ("placed for adoption") assumes retention by the employee of a legal obligation for total or partial support of such child in anticipation of adoption;
    - a stepchild or foster-child;
    - your domestic partner's child (see below for specific details);
    - an unmarried individual whom the employee has legal guardianship under a court order and who is eligible for tax-free health coverage as a "qualifying child" or "qualifying relative" under the Internal Revenue Code Section 152(c) or 152(d) or who will be claimed as a dependent on the employee's tax return each plan year for which coverage is provided; and
    - a child named as an "alternate recipient" under a Qualified Medical Child Support Order.
- Unmarried Disabled Children regardless of age:
    - Coverage for dependent children will not terminate for unmarried disabled children who, regardless of age, are incapable of self-sustaining employment by reason of mental disability, developmental disability, or physical disability, and who became disabled prior to reaching the age limit of the VHHSBP.
    - Such coverage shall not terminate while the Employee's coverage remains in effect, and the dependent remains disabled and is chiefly dependent on the Employee for support and maintenance.
    - The Employee must submit proof of the dependent's incapacity within 31 days of dependent's attainment of the age limit.

Coverage is available whether the child is married or unmarried, regardless of student status, employment status, financial dependency on the Employee, or any other factor other than the relationship between the child and the Employee.

A spouse or child of a Dependent Child is not eligible for coverage under VHHSBP CIRLS.

Enrollment Information

You must complete an Enrollment Form in order to be eligible for CIRLS benefits for yourself and your eligible dependent(s).

The Enrollment Form must be received by the Benefits Office within 31 days of the date you are hired. If the completed form is received within the necessary time frame, benefits are effective as described in the "Effective Date of Eligibility" Section.

If your enrollment form is received after 31 days from the date of your hire, you will be automatically enrolled during the next Open Enrollment periods offered by VHHSBP, with an effective date of either January 1 or July 1. See the *Open Enrollment* section below. However, you may seek enrollment sooner if you qualify for Special Enrollment (as described later in this section).

Follow the instructions on the Enrollment Form to complete your enrollment. Any information that you provide about yourself (and/or eligible dependent(s)) will be kept strictly confidential. Attach clear copies of any legal documents required for enrollment (do not send originals).

Please note: the Benefits Office prefers that all forms and requests be submitted through the CIR website and member portal. If the portal cannot be used, forms and requests will be accepted by email sent to benefits@cirbenefitfunds.org.

If you do not complete and return an Enrollment Form, you (and your dependents, if applicable) will not be eligible for CIRLS benefits and claims will be denied under VHHSBP.

Enrolling Eligible Dependent(s)

If you have eligible dependents you wish to enroll, you must provide necessary proof of dependent status as listed below along with the Enrollment Form. If the Benefits Office does not receive a completed Enrollment Form and the documentation listed below, the Benefits Office will not enroll and will not provide CIRLS benefits to your dependent(s) and claims will be denied under VHHSBP.

- Spouse: To enroll your spouse, you must provide a copy of your official, state-issued marriage certificate or if unavailable, VHHSBP's form affidavit, available upon request, which has been notarized.
- Biological Child: To enroll your biological child(ren), you must provide a copy of their official, state-issued birth certificate or if unavailable, VHHSBP's form affidavit, available upon request, which has been notarized.
- Stepchild: To enroll stepchild(ren), you must provide 1) a copy of their official, state-issued birth certificate or if unavailable, VHHSBP's form affidavit, available upon request, which has been notarized, and 2) a copy of the official, state-issued marriage certificate between you and your spouse as the child(ren)'s parent (or VHHSBP's form affidavit, which has been notarized).
- Adopted Child or Placement for Adoption: To enroll adopted child(ren) or child(ren) placed for adoption, you must provide 1) a copy of their official, state-issued birth certificate or if unavailable, VHHSBP's form affidavit, available upon request, which has been notarized, and 2) a copy of the certified court order signed by a judge.
- Child covered pursuant to a Qualified Medical Child Support Order (QMCSO): To enroll child(ren) covered pursuant to a QMCSO, you must provide 1) a copy of their official, state-issued birth certificate or if unavailable, VHHSBP's form affidavit, available upon request, which has been notarized, and 2) a copy of the certified QMCSO document signed by a judge or a National Medical Support Notice.

- Legal Guardianship: To enroll child(ren) for whom you are a legal guardian, you must provide 1) a copy of their official, state-issued birth certificate or if unavailable, VHHSBP's form affidavit, which has been notarized, and 2) a copy of the court-appointed legal guardianship documents.

- Unmarried Disabled Dependent Child: As discussed above, coverage will not terminate for unmarried disabled children who, regardless of age, are incapable of self-sustaining employment by reason of mental illness, developmental disability, or physical disability, and who became disabled prior to attainment of the Plan's age limit for dependent children, so long as the Employee's coverage remains in effect and the dependent remains disabled and chiefly dependent on the Employee for support and maintenance. If you have not provided the information below upon enrolling your disabled dependent child, you must submit proof of the dependent's incapacity within 31 days of the disabled dependent child's attainment of the Plan's age limit to maintain enrollment of the disabled dependent child. You must provide:

    1. a current written statement from the child's physician indicating the physician's assessment that the child is currently mentally or physically disabled;

    2. a notarized statement that the child is incapable of self-sustaining employment as a result of that disability; and

    3. a notarized statement and proof that the child is dependent chiefly on you and/or your spouse for support and maintenance.

Enrolling Domestic Partners

To enroll your domestic partner and/or the child(ren) of your domestic partner, you must complete an Enrollment Form **and** a Domestic Partnership Application.

1. The Application must be signed by both partners and notarized.

2. If you have a registered domestic partnership, you must provide proof that you are registered as domestic partners. If your domestic partnership certificate cannot be located, you may also complete VHHSBP's form affidavit, which must be notarized. VHHSBP's form affidavit can be found at cirseiu.org, click on "Benefits" at the top and select your Employer from the dropdown menu.

3. If you are not providing proof of a registered domestic partnership, you must prove domestic partnership status by providing documentation to show two (2) of the following:

    - Common ownership of real property or a common leasehold interest in such property
    - Common ownership of a motor vehicle
    - Joint bank accounts or credit accounts
    - Evidence of common household expenses such as a utility or telephone
    - Evidence of joint obligation on a loan
    - Designation as a beneficiary for life insurance or retirement benefits or under the partner's will
    - Assignment of a durable power of attorney or health care power of attorney

Without this documentation your domestic partner will NOT be covered.

Domestic Partners will generally not qualify as tax dependents of the employee and as such, you will be taxed on the value of the benefit provided to the Domestic Partner. In some situations, you may also be responsible for paying taxes on the value of benefits provided to the child(ren) of your domestic partner. You will be notified of the amount by your participating employer. Please consult with an appropriate tax accountant if you choose to enroll a domestic partner or the child(ren) of your domestic partner.

Change in Family Status

You must notify the Benefits Office within 31 days when you have a change in family status by completing an Update Form and sending it to benefits@cirbenefitfunds.org. A change in family status occurs in the event of:

- The death of an enrolled dependent child, spouse, or domestic partner.
- You are divorced, your marriage is annulled, or you terminate your domestic partnership relationship.
- Your dependent child reaches the Plan's age limit.

It is your responsibility to ensure that the Benefits Office has up to date information for you and your enrolled dependents. Please notify the Benefits Office within 31 days by completing an Update Form and sending it to benefits@cirbenefitfunds.org when any of the following occurs:

- You or your eligible dependent has a name change.
- You or your eligible dependent has an address change.
- You move out of your health or dental plan's coverage area.
- You receive or change your Social Security Number.
- Your dependent child(ren) becomes physically or mentally disabled.
- You or your eligible dependent(s) becomes enrolled in, or loses, coverage under Medicare.
- You or your eligible dependent(s) becomes enrolled in, or loses, coverage under another medical or dental plan.
- Social Security disability benefits are awarded or terminated for you or your eligible dependent(s).

All changes in status require copies of the appropriate documents to be attached to the Update Form before submitting it to the Benefits Office. Without the appropriate document(s), benefits coverage may be denied or interrupted.

Failure to give VHHSBP timely notice of changes to your dependent child(ren)'s eligibility status will cause the coverage of dependent child(ren) to end when it otherwise might continue because of a physical or mental disability. If you fail to provide notice to the Plan and your ineligible spouse, domestic partner, and/or dependent child(ren) remain covered, you will be responsible for reimbursing the Plan for any claims or any premiums that are paid on behalf of your dependent child, spouse, or domestic partner who are no longer eligible for coverage under the Plan. The Board of Trustees may commence legal action against an employee or other individual for restitution and hold them liable for all costs of collection, including interest and attorneys' fees. The Board of Trustees may also offset future claim payments with respect to the employee or dependent to recover amounts owed.

Open Enrollment

VHHSBP has two Open Enrollment periods each year:

1. June 1st through July 31st, with an effective date of July 1st; and
2. December 1st through January 31st, with an effective date of January 1st.

If you do not enroll yourself and/or your dependent(s) when you are first eligible for coverage within thirty-one (31) days of your hire date, you may enroll yourself and your eligible dependent(s) during either of the Open Enrollment periods. Please see the *Special Enrollment* section for additional ways you may enroll yourself or your eligible dependent(s) outside of your initial eligibility or open enrollment.

Opt-Out

If you initially enrolled yourself and/or your dependent(s) and later wish to dis-enroll yourself and/or any or all of your dependent(s) you and your dependent(s) will be required to complete an electronic Disenrollment Form and provide proof of other coverage.

If, at a later date, you want the coverage you declined for yourself and/or your dependent(s), you may enroll only under the Special Enrollment provisions described below or during the two Open Enrollment periods.

Note that no additional compensation is paid to you if you or your eligible dependent(s) waive/decline benefit coverage.

Special Enrollment

If you are declining enrollment for yourself or your dependents because of other health insurance coverage, you may in the future enroll yourself and/or eligible dependents in VHHSBP, if you request enrollment within thirty-one (31) days from the date your or their previous coverage ends (or the participating employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll your dependents, provided that you request enrollment within thirty-one (31) days from the date of marriage, birth, adoption, or placement for adoption.

If you did not enroll yourself or your dependent(s) in VHHSBP when first eligible, you may enroll yourself if you and your dependent(s) have coverage through Medicaid or a State Child(ren)'s Health Insurance Program (SCHIP) and lose eligibility for that coverage. In addition, you may also enroll yourself and/or your dependent(s) in VHHSBP if you and/or they become eligible for a premium assistance program through Medicaid or SCHIP. However, you must request enrollment within 60 days after the loss of coverage through Medicaid or SCHIP or eligibility for a premium assistance program through Medicaid or SCHIP.

To request special enrollment, submit your information and documents within the applicable thirty-one (31) day or sixty (60) day deadline set forth above to the Benefits Office by visiting the CIR website at https://www.cirseiu.org/benefits and submitting an Update Form.

Start of Coverage Following Special Enrollment

Provided you enroll within the necessary timeframes for Special Enrollment, coverage will be effective:

- If you add a new dependent due to the birth of that dependent, the dependent will be covered from the date of birth (provided you enroll a baby within thirty-one (31) days).
- Your newly adopted dependent child or child "placed for adoption" with you will be covered from the date that child is adopted or "placed for adoption" with you, whichever is earlier. A

child is “placed for adoption” with you on the date you first become legally obligated to provide full or partial support for the child whom you plan to adopt. A child who is placed for adoption with you within thirty-one (31) days after the child is born will be covered from birth if you comply with VHHSBP’s requirements for obtaining coverage for a newborn dependent child. However, if a child is placed for adoption with you, and if the adoption does not become final, coverage of that child will terminate as of the date you no longer have a legal obligation to support that child.

- Coverage for your new spouse begins on the day you marry, provided you properly enroll your spouse within thirty-one (31) days of your marriage. Until your spouse is enrolled in VHHSBP, no claims will be paid for him or her.
- Following loss of other group coverage: your dependent(s) will be covered retroactive to date of loss of other coverage, provided you enroll your dependent(s) within thirty-one (31) days of the loss of that other coverage.
- Following loss of coverage under or eligibility for Medicaid/SCHIP, provided you enroll within sixty (60) days of the loss of Medicaid/SCHIP coverage, your coverage change will become effective the date of your request.

Please note: the Benefits Office prefers that all forms and requests be submitted through the CIR website and member portal. If the portal cannot be used, forms and requests will be accepted by email sent to benefits@cirbenefitfunds.org.

Termination and Extension of Coverage

When Coverage Ends

Your coverage ends on the last day of the month in which:

- your employment ends;
- you are no longer eligible to participate in VHHSBP, including, but not limited to, if you switch from your current hospital’s payroll to the payroll of a hospital that is not a participating employer of VHHSBP; or
- you enter active military service lasting more than thirty-one (31) days.

Coverage of your covered dependent(s) ends on the last day of the month in which:

- your own coverage ends; or
- your covered spouse, domestic partner, or dependent child(ren) no longer meet the definition of spouse, domestic partner, or dependent child(ren).

Failure to give VHHSBP timely notice of changes to your dependent child(ren)’s eligibility status will cause the coverage of dependent child(ren) to end when it otherwise might continue because of a physical or mental disability. If you fail to provide notice to VHHSBP and your ineligible spouse, domestic partner, and/or dependent child(ren) remain covered, you will be responsible for reimbursing VHHSBP for any claims or any premiums that are paid on behalf of your dependent child, spouse, or domestic partner who are no longer eligible for coverage under VHHSBP. The Board of Trustees may commence legal action against an employee or other individual for restitution and hold them liable for all costs of collection, including interest and attorneys’ fees. The Board of Trustees may also offset future claim payments with respect to the employee or dependent to recover amounts owed.

Coverage for you (the employee) and/or your Dependents may be terminated retroactively due to non-payment of premiums (including COBRA premiums). Failure to notify VHHSBP of a loss of dependent status for any dependents (including divorce or legal separation or a child aging out of VHHSBP or a child no longer meeting the definition of disabled child) coupled with a failure to pay COBRA premiums will cause coverage to be terminated retroactively to the date of the event.

If coverage is terminated, you may be required to repay to VHHSBP amounts incorrectly paid by VHHSBP. The Board of Trustees may commence legal action against an employee or other individual for restitution and hold them liable for all costs of collection, including interest and attorneys' fees. The Board of Trustees may also offset future claim payments with respect to the employee or dependent to recover amounts owed.

If you have questions about the definitions used in this section, please refer to the section on Eligibility earlier in this SPD, or email or call the Benefits Office at benefits@cirbenefitfunds.org or (212) 356-8180.

Rescission of Coverage

No benefits are payable on a claim if the person who files the claim or for whom the benefit is claimed, or if the provider of the service that is subject of the claim, attempts to perpetrate a fraud upon or misrepresent a fact to VHHSBP with respect to that claim.

Coverage for you (the employee) and/or your Dependents may be terminated retroactively (rescinded) in cases of fraud or intentional misrepresentation. In such cases, you will be provided with thirty (30) day advance notice that coverage will be rescinded.

Note that a retroactive termination of coverage due to non-payment of premiums (including COBRA premiums) is not considered a rescission. Similarly, a retroactive termination due to your failure to notify VHHSBP of a loss of eligibility for your spouse due to divorce will not constitute a rescission of coverage if COBRA premiums have also not been paid. In these situations, coverage will be terminated retroactively to the date of the event (without advance notice).

If coverage is terminated, you may be required to repay to VHHSBP amounts incorrectly paid by VHHSBP. The Board of Trustees may commence legal action against an employee or other individual for restitution and hold them liable for all costs of collection, including interest and attorneys' fees. The Board of Trustees may also offset future claim payments with respect to the employee or dependent to recover amounts owed.

Extension and Continuation of Coverage

VHHSBP does not provide benefits for any expenses incurred after coverage ends. VHHSBP does not provide CIRLS benefits for any expenses incurred after coverage ends except in the following limited circumstance: if litigation is pending when your employment is terminated, CIRLS will continue representing you for a maximum of sixty (60) days. You are responsible for transitioning your case to private outside counsel or entering into a private retainer agreement with your CIRLS cooperating attorney if representation is still required beyond this 60 (sixty) day period. Any other ongoing legal services will cease to be covered upon termination of your employment. CIRLS is not responsible for retaining another attorney for you after your coverage ends.

Legal Services Benefit Guidelines

To minimize your legal costs and simultaneously ensure that CIRLS's resources are available to all eligible employees and eligible dependents, CIRLS must adhere to the following guidelines:

- CIRLS will not pay, or reimburse you, for the services of an attorney whom you retain privately unless authorized in writing by CIRLS. In such cases, the amount of payment or reimbursement for the services of a privately-retained attorney shall be determined solely by

CIRLS.

- You are responsible for payment of any court or agency filing fees, mailing costs, and other expenses. CIRLS will pay for service of papers on your opponent in litigation and will also pay up to $300 per matter for a private investigator's services should that become necessary in the course of representation.
- If you intend to receive coverage under CIRLS, you must contact CIRLS first for referral to an attorney. This is true even if your private counsel is someone with whom CIRLS is in a cooperating relationship. CIRLS retains the right to make the requisite referral.
- If you are referred to a CIRLS cooperating attorney, you agree and understand that your cooperating attorney may discuss your case with a CIRLS in-house lawyer to update CIRLS on the status of your case and to determine whether and what type of coverage should be provided under the legal services benefit.

If litigation is pending when your employment is terminated, CIRLS will continue representing you for a maximum of sixty (60) days. You are responsible for transitioning your case to private outside counsel or entering into a private retainer agreement with your CIRLS cooperating attorney if representation is still required beyond this 60 (sixty) day period. Any other ongoing legal services will cease to be covered upon termination of your employment. CIRLS is not responsible for retaining another attorney for you after your coverage ends.

How to Obtain Benefits

To access legal services you must complete the Plan's Enrollment Form for yourself and list your eligible dependents. You will be provided the Enrollment Form during employee orientation. Please see the *Eligibility and Enrollment* section above for more information. Once you have enrolled:

- Call (212) 356-8195 or email cirls@cirseiu.org.
- Provide your name, hospital, residency program, address, and telephone number so that your eligibility can be verified.
- Briefly describe your problem. (It is often helpful in this regard to refer to any relevant documents.)

If you are eligible for coverage your case will be referred to an attorney. Once you obtain advice from an attorney, you are responsible for following up as advised.

In those rare instances in which VHHSBP authorizes legal services coverage but does not have an attorney available to provide assistance, you will be instructed to hire an attorney of your choosing. Once you provide proof that the attorney's fees for the covered matter have been paid, VHHSBP will provide reimbursement up to the amount we pay cooperating attorneys for similar cases.

If you are dissatisfied with the services of your attorney and wish to have a different attorney, you must make your request in writing to the Director of Legal Services, who will determine whether such a change is warranted. You must state the reasons for your dissatisfaction with your attorney in your written request.

You can contact the Director of Legal Services at:

CIR Legal Services, Attn: Anita Eliot
Office: (212) 356-8195
Fax: (212) 504-3057
Email: cirls@cirseiu.org
Be sure to include your home address, cellphone, and email address.

Types of Legal Services Covered

- **Bankruptcy and Debt Problems**
  - Consultation and, where appropriate, representation in personal bankruptcy proceedings.
  - Consultation regarding debt problems arising from loans, installment contracts, or collection actions brought by creditors.
  - Defense, where there is a reasonable legal basis, against claims exceeding $5,000.

The coverage amount for such matters shall not exceed $10,000. Legal fees in excess of $10,000 shall be the responsibility of the Employee or Eligible Dependent.

- **Consumer Protection**
  - Consultation and, where appropriate, negotiation regarding problems arising from the purchase of goods and services.
  - Consultation and preparation of the Statement of Claim for small claims proceedings.
  - Defense, when there is a reasonable legal basis, against claims arising from the purchase of goods and services which exceed $5,000.

The coverage amount for such matters shall not exceed $10,000. Legal fees in excess of $10,000 shall be the responsibility of the Employee or Eligible Dependent.

- **Credit Rating**
  - Consultation regarding inaccurate credit reports.

- **Criminal Matters**
  - For employees facing impending or actual criminal charges related to acts allegedly committed at the health facility in which they work and related to their work as residents, representation by a CIRLS-designated attorney is provided. This benefit includes pre-arraignment investigation of the charges, representation at arraignment and concludes at the completion of arraignment.
  - For eligible dependents, and for employees for matters not covered above, a single consultation (cost not to exceed $300) with a CIRLS-designated attorney regarding criminal charges that are filed, or are likely to be filed, against an employee or the eligible dependent of an employee is provided.

- **Document Review**
  - Review of written agreements pertaining to such matters as consumer purchases, loans, residential leases, insurance, and cohabitation.

Document review involves discussion and interpretation of documents. It does not, in itself, involve legal representation.

- **Employment Contract Review**
  - Employees are eligible to receive a flat, discounted rate for review of a post-residency employment contract for an attending physician position. **This benefit may be used only once during residency or fellowship.** Spouses and dependents are not eligible.

- Employees must use a CIRLS cooperating counsel and have already received a written contract offer to qualify for this benefit. CIRLS has negotiated discounted rates from cooperating counsel. CIRLS will pay $200 of the already discounted rate. Coverage is limited to contract offers from employers located in geographic areas on the Plan's website.

➢ **Estate Matters**

- Consultation regarding the administration of the estate of an employee or eligible dependent who dies with or without leaving a will.

➢ **Family Matters**

- Representation in uncontested divorce proceedings.
- Representation in adoption proceedings.
- Consultation and, where appropriate, representation in child support, child custody and visitation proceedings. However, representation will not be provided in child support, child custody and visitation proceedings that are ancillary to contested divorces.
- Fees for a mediator who mediates a dispute involving a contested divorce, or the custody, visitation or support of a child, and in which an employee is a party to the dispute. Coverage of mediator fees shall not exceed $2,000. Attorneys' fees for representation of an employee or eligible dependent in the mediation shall not be covered.
- Consultation and, where appropriate, representation in family offense proceedings.
- Preparation of separation agreements.
- Consultation, and where appropriate, representation for legal guardianship petitions for developmentally disabled children of employees and eligible dependents.

In the event that two employees are involved as adversaries in the same controversy or proceeding, VHHSBP will reimburse each employee up to $1,500 for consultation and/or representation with an attorney of his or her choosing.

In the event that an employee and his or her eligible dependent are involved as adversaries in a controversy or proceeding, representation will be restricted to the employee, unless she or he signs a written consent declining representation and authorizing VHHSBP to represent the dependent instead.

The coverage amount for such matters shall not exceed $10,000 unless the provided coverage is limited to less than $10,000, as set forth immediately above. Legal fees in excess of $10,000 shall be the responsibility of the Employee or Eligible Dependent.

➢ **Immigration**

- Consultation regarding immigrant, non-immigrant, and visa-related issues, including J-1 waivers, political asylum and permanent residency applications.
- Consultation regarding citizenship applications.
- Representation on J-1 applications for employees and J-2 applications for eligible dependents.
- Representation on H-1B petitions for employees for residency and fellowship employment at CIR hospitals and related H-4 applications for eligible dependents. Representation is excluded on H-1B petitions for both post-residency (attending) employment and for residents who transfer their residencies to non-CIR hospitals or who move to fellowships at non-CIR hospitals unless

the change to a non-CIR hospital residency or fellowship is caused by a reduction in the size of a CIR program or the closure of a CIR program or hospital. Representation is excluded on H-1B petitions for moonlighting, per diem and seasonal employment. This does not exclude representation for residents transferring payrolls as part of a regular rotation.

- Representation on family-based permanent residency petitions where the employee or eligible dependent is the beneficiary.
- Representation on diversity lottery cases where the employee or eligible dependent is the beneficiary.
- Representation on applications for employment authorization where the employee or eligible dependent is the beneficiary.

➢ **Landlord-Tenant Problems**

- Consultation and, where appropriate, negotiation regarding tenancy issues.
- Review of leases and related documents.
- Defense, where there is a reasonable legal basis, against eviction proceedings.
- Consultation and, where appropriate, representation in actions to compel landlords to make repairs and provide adequate services.

The coverage amount for such matters shall not exceed $10,000. Legal fees in excess of $10,000 shall be the responsibility of the Employee or Eligible Dependent.

A cooperative or condominium owner shall be provided the same range of legal services as a tenant as long as the owner actually resides in that cooperative or condominium.

➢ **Medical Licensure**

- Consultation and, where appropriate, representation before the New York or New Jersey medical licensing board in connection with an employee's application for a medical license.
- Consultation and, where appropriate, representation if an employee is reported to, or investigated by, New York State or New Jersey in connection with a medical-incident report or because of alleged professional medical misconduct.

The coverage amount for such matters shall not exceed $10,000. Legal fees in excess of $10,000 shall be the responsibility of the Employee.

➢ **Name Changes**

- Preparation and filing of court documents necessary to affect a legal change of name.

➢ **Unemployment Benefits**

- Consultation regarding unemployment benefits and related issues for eligible dependents.

➢ **Wills, Living Wills, and Powers of Attorney**

- Preparation of simple wills and testamentary trusts in which the sole trust beneficiaries are minors at the time of the execution of the will.
- Preparation of living wills and health care proxies.
- Preparation of powers of attorney.

What Legal Services are Excluded or Limited?

- Please note financial and legal considerations prevent CIRLS from handling all legal problems.
- Court representation is limited to the Bronx, Kings, Nassau, New York, Queens, Richmond and Westchester counties in New York and Bergen, Essex, Hudson, Middlesex, Morris, Passaic and Union counties in New Jersey.
- Cases arising outside of New York or New Jersey shall only be covered where appropriate.
- Following are examples of excluded services:

    1. Cases, such as personal injury claims, which commonly would be handled by a private attorney on a contingency fee basis.
    2. Appeals from unfavorable court or administrative agency decisions.
    3. Business, commercial, or professional matters, including review of professional employment or practice contracts.
    4. Matters relating to the purchase or sale of real estate.
    5. Personal injury and property damage matters arising out of the ownership, control, or use of a vehicle.
    6. Disputes with or claims against CIR, Voluntary Hospitals House Staff Benefits Plan (VHHSBP), House Staff Benefits Plan (HSBP), the Professional Educational Plan, the Patient Care Trust Fund, a CIRLS cooperating attorney, the City of New York, employers that contribute to VHHSBP, or employers that contribute to HSBP.
    7. All income tax matters.
    8. Any legal service not identified as a type of legal service covered above.
    9. Under no circumstances will CIRLS cover cases which arise outside of the United States.

Claims Review and Appeal Procedure

A. Request for Review of Disputed Claims

If your claim is denied in whole or in part, or if you disagree with the decision made on a claim, you may ask for a request for review of the disposition of your claim or adverse benefit determination regarding your claim. **Your request for review must be made in writing to the Board of Trustees of VHHSBP, within sixty (60) days after receiving written notice of VHHSBP's action.**

Send your appeal to CIR Legal Services, Attention: Anita Eliot, Director of Legal Services, 10-27 46th Avenue, Suite 300-2, Long Island City, New York 11101 or email your appeal to cirls@cirseiu.org.

You will be notified, in writing by CIRLS, of the decision of the Board of Trustees within sixty (60) days of the date your request for review is received, unless there are special circumstances, in which case you will be so notified and then notified of the decision within 120 days. The decision will include the specific reason(s) for the decision and specific reference(s) to the plan provisions on which the decision is based.

For purposes of this section, "adverse benefit determination" means a denial, reduction, or termination of, or a failure to provide or make payment in whole or in part for a benefit, including a determination of an individual's eligibility to participate in the Plan or a determination that a benefit is not a covered benefit.

B. Authority of the Plan

VHHSBP (the Plan) is a joint labor-management employee benefit trust fund, financed by contributions fixed by collective bargaining or other written agreements, and administered by an equal number of Trustees designated by the participating employers and by the union pursuant to an Agreement and Declaration of Trust, which may be amended from time to time. The Trust Agreement gives the Board of Trustees authority and discretion to determine benefits, and the Trustees have accordingly adopted a Plan of benefits set forth and described in this SPD. Under the Trust Agreement and this SPD, the Trustees may, in their discretion, revise, discontinue, improve, reduce, modify or make changes in the plan, the types and amounts of benefits provided, the coverage and eligibility provisions, conditions and rules, at any time. Any question of interpretation, construction, application or enforcement of the terms of the Plan and this SPD, and all determinations on benefit claims and appeals, are subject to the discretion of the Board of Trustees and other Plan fiduciaries and individuals to whom responsibility of the administration of the Plan has been delegated, whose determinations are final and binding.

Discretionary Authority of the Trustees and their Designees

In carrying out their respective responsibilities under the Plan, the Trustees and other Plan fiduciaries and individuals to whom responsibility of the administration for the Plan has been delegated, will have discretionary authority to interpret the terms of the Plan and to determine eligibility and entitlement to plan benefits in accordance with the terms of the Plan and to decide any factual questions related to eligibility for and entitlement to Plan benefits. Any interpretation or determination made under that discretionary authority will be given full force and effect, unless it can be shown that the interpretation or determination was arbitrary and capricious.

C. Additional Information

If additional information is needed, it will be requested by CIRLS, and the failure to timely provide the information may require the denial of the claim or appeal.

D. Finality

In deciding claims, the Board of Trustees has broad discretion to interpret and apply the terms of this Plan and the CIRLS SPD.

The determination of VHHSBP will be final and binding if an objection or request for review is not filed in a timely manner. The decision of the Board of Trustees will be final and binding on any timely appeal presented to it.

The Claimant has the right to bring a civil action under Section 502(a) of the Employee Retirement Income Security Act following an adverse benefit determination on review. If your claim involves disability benefits, you and your plan may have other voluntary alternative dispute options, such as mediation. Contact your local U.S. Department of Labor Office and your State insurance regulatory agency to find out which options are available, if any.

E. Notification and Right to Commentary and Information

- Upon any adverse benefit determination, VHHSBP will notify the Claimant of this Claims Review and Appeal Procedure and its time limits.
- A Claimant may review pertinent documents and submit written issues and comments, records or other information relating to the claim.
- A Claimant shall be provided upon request and free of charge, reasonable access to and copies of all documents, records and other information relevant to the claim.
- All comments, documents, records, and other information submitted by the Claimant will be taken into account at any stage of the Claims Review and Appeals Procedure and process.

- If an internal rule, guideline, protocol, or other similar criterion was relied on in making the adverse benefit determination, such will be stated and a copy will be provided upon request.

F. Limitation on When a Lawsuit May Be Started

No lawsuit shall be brought to recover benefits under the Plan unless you have exhausted the appeals procedure outlined above. You may not start a lawsuit to obtain benefits until after you have requested a review and a final decision has been reached on review, or until the time limit set forth in Section A, above, has elapsed since you filed a request for review and you have not received a final decision or notice that additional time will be necessary for the Trustees to reach a final decision. Any lawsuit must be filed within three (3) years from the date of the final decision of the Trustees.

OTHER IMPORTANT INFORMATION AND REQUIRED NOTICES

The Voluntary Hospitals House Staff Benefits Plan of the Committee of Interns and Residents is a group health plan under ERISA and is administered by a Board of Trustees, consisting of an equal number of representatives of the Union and of the voluntary hospital employers. The Plan Administrator is the Board of Trustees.

The names, business titles and addresses of the Trustees are:

Anita Eliot
Director
Committee of Interns and Residents Legal Services
10-27 46th Avenue, Suite 300-2
Long Island City, NY 11101

Susan Naranjo
Executive Director
Committee of Interns and Residents
10-27 46th Avenue, Suite 300-2
Long Island City, NY 11101

Francesca Tinti
Senior Vice President of Human Resources
One Brooklyn Health
1545 Atlantic Avenue
Brooklyn, NY 11213

Bill Lynch
Executive Vice President and Chief Operating Officer
Medisys: Jamaica and Flushing Hospitals
8900 Van Wyck Expressway
Jamaica, NY 11418

The address of the Board of Trustees and VHHSBP Benefits Office is:

10-27 46th Avenue, Suite 300-2
Long Island City, NY 11101
Phone number: (212) 356-8180
Fax number: (212) 356-8181
Website: www.cirseiu.org/benefits

Service of Legal Process
The Board of Trustees has been designated as the agent for the service of legal process at the address above. Service of legal process can also be made upon a Plan Trustee.

Employer Identification Number
The Employer Identification Number assigned by the Internal Revenue Service is EIN 13-3029280.

Plan Number
The Plan number assigned by the Trustees is 502.

Fiscal Year
For purposes of maintaining the VHHSBP fiscal records, the year-end date is December 31.

Benefit Cycle
The Benefit Cycle begins July 1 and ends June 30.

Funding
Contributions to the Plan are made by the following voluntary hospital employers: BronxCare Health System, Brooklyn Hospital Center, CarePoint Health - Christ Hospital, CarePoint Health – Hoboken University Medical Center, Flushing Hospital Medical Center, Institute for Family Health – Harlem, Jamaica Hospital, Maimonides Medical Center, Montefiore Medical Center (Wakefield), Mount Sinai Morningside West, New York Methodist Hospital, One Brooklyn Health (formerly Brookdale University Hospital and Medical Center, Interfaith Medical Center, and Kingsbrook Jewish Hospital), St. Barnabas Hospital, St. John's Episcopal Hospital, and Wyckoff Heights Medical Center, in accordance with the Collective Bargaining Agreements between the Committee of Interns and Residents and the employers. The Collective Bargaining Agreements require contributions to the Plan at fixed rates per employee. Employees and beneficiaries may receive from the Plan Administrator, upon written request, information as to whether a particular employer or employee organization is a sponsor of the Plan and, if the employer or employee organization is a sponsor of the Plan, the sponsor's address. Employees and dependents may receive from the Plan Administrator, upon written request, a complete list of the employers participating in the Plan.

The Plan is maintained pursuant to Collective Bargaining Agreements or Participation Agreements. A copy of any such Agreement may be obtained by employees and beneficiaries upon written request to the Plan Administrator, and is available for examination by employees and beneficiaries.

Benefits are provided from VHHSBP's assets, which are accumulated under the provisions of the Trust Agreement and held in a Trust Fund for the purpose of providing benefits for the covered members and dependent(s) and defraying reasonable administrative expenses. Some of these benefits are provided through insurance policies.

VHHSBP's assets and reserves are managed by Stacey Braun Associates, Inc., 377 Broadway, New York, New York 10013. VHHSBP's assets and reserves are invested in equities, federal government securities, and investment-grade fixed income securities.

Plan Eligibility
The Plan's requirements with respect to eligibility as well as circumstances that may result in disqualification, ineligibility, or denial or loss of benefits are fully described beginning at the Eligibility section.

Privacy, Confidentiality, Release of Records or Information
Any information collected by the Plan will be treated as confidential information, and will not be disclosed to anyone without your written consent, except as follows:

a. Information will be disclosed to those who require that information to administer the Plan or to process claims.
b. Information will be disclosed as required by law or regulation or in response to a duly issued subpoena.

Repayment of Benefits
If it is found that the benefits paid by the Plan are in excess of what you were entitled to because:

- you or your covered dependent(s) achieve any recovery whatsoever, through a legal action or settlement in connection with any illness or injury alleged to have been caused by a third party, regardless of whether or not some or all of the amount recovered was specifically for the medical expenses for which Plan benefits were paid; or

- the Plan erroneously paid benefits to which you were not entitled under the terms and provisions of the Plan, then the Plan will be entitled to a refund from you of the difference between the amount of Plan benefits actually paid by the Plan for those expenses and the amount of Plan benefits that should have been paid by the Plan for those expenses based on the actual facts. The Plan may recover or recoup the amount of any erroneous payment, with interest, by offsetting pending or future benefits in accordance with law and regulation.

Type of Plan
VHHSBP is a welfare plan and a group health plan.

Type of Administration
The CIR legal services benefit is self-insured by VHHSBP.

SPD
This SPD is provided in accordance with and subject to the terms, conditions, rules and regulations of the Board of Trustees of the Plan, and the Plan's Agreement and Declaration of Trust. No person is authorized to change or amend this SPD, waive any condition or restriction contained in this SPD, extend any time in this SPD, or bind the Trustees by any statement or promise. No change in this SPD will be valid unless authorized in writing by the Board of Trustees of the Plan.

PLAN AMENDMENT AND TERMINATION

The Trustees reserve the absolute right and authority, in their sole discretion, to reduce, modify or terminate the benefit program at any time. Continuation of benefits is not guaranteed. Among other things, this shall empower the Trustees to change the eligibility rules, to diminish the amount of benefits, to increase or require deductibles, to eliminate particular types of benefits, to substitute certain benefits for others, to impose or decrease maximums on the amounts of benefits payable, and if deemed by the Trustees to be necessary, to require co-payments by employees as a condition for eligibility. The authority of the Trustees to reduce, modify or terminate the benefit program as aforesaid shall extend to active employees and, if retirees are now or hereafter covered to any extent by the benefit program, to retirees.

No individual has a vested right or a contractual interest in the benefits provided under this Plan. In the event of termination of the Plan (which would have to occur if the union and the employers negotiated for discontinuance of contributions or if the contributions called for by the collective bargaining agreements are insufficient to allow the Plan to continue), the Board of Trustees will apply the monies in the Trust Fund to provide benefits or otherwise to carry out the purpose of the Plan in an equitable manner until the entire remainder of the assets has been disbursed. In no event will any part of the assets of the Plan revert to the employers or be paid to the union.

Upon termination of the Plan, the Trustees, with full powers will continue to serve in such capacity for the purpose of and to effectuate the dissolution of the Plan.

ERISA Statement of Rights
Under the Employment Retirement Income Security Act of 1974

As a participant in the Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all Plan participants are entitled to the following rights.

Receive Information About Your Plan and Benefits

You have the right to:

Examine, without charge, at the Plan Administrator's office and at other specified locations, all documents governing the Plan, including insurance contracts, Collective Bargaining Agreements, and a copy of the latest annual report (Form 5500 series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration (EBSA);

Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts, Collective Bargaining Agreements, and copies of the latest annual report (Form 5500 series) and updated Summary Plan Description (the Plan Administrator may make a reasonable charge for the copies); and

Receive a summary of the Plan's annual financial report, which the Plan Administrator is required by law to provide to each participant.

Continue Group Health Plan Coverage

You also have the right to:

Continue health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the Plan as a result of a Qualifying Event (you or your dependents may have to pay for such coverage; review the VHHSBP SPD and any documents governing the Plan on the rules governing your COBRA Continuation Coverage rights).

Prudent Actions By Plan Fiduciaries

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Plan, called fiduciaries of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries. No one, including your employer, your Union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of the plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to $110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator.

If you have a claim for benefits that is denied or ignored, in whole or in part, you may file suit in a state or federal court. However, you may not begin any legal action, including proceedings before administrative agencies, until you have followed and exhausted the Plan's claims and appeals procedures. In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a medical child support order, you may file suit in federal court. If you believe that Plan fiduciaries have misused the Plan's money, or if you believe that you have been discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance With Your Questions

If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the EBSA, U.S. Department of Labor, listed in your telephone directory or at:

Division of Technical Assistance and Inquiries
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

The New York office is located at:

Division of Technical Assistance and Inquiries
Employee Benefits Security Administration
U.S. Department of Labor
33 Whitehall Street, Suite 1200
New York, NY 10004
(212) 607-8600

For more information on your rights and responsibilities under ERISA or for a list of EBSA offices, contact the EBSA by: calling (866) 444-3272 or visiting www.dol.gov/ebsa.



Committee of Interns and Residents
CIR Legal Services

10-27 46th Avenue, Suite 300-2
Long Island City, New York 11101
(212) 356-8180

Email: benefits@cirseiu.org
Fax: (212) 356 8181
Website: cirseiu.org/benefits/