



# Health and Wellness Benefit Election Form

Date: \_\_\_\_\_

Member Name: \_\_\_\_\_  
*(Please Print First and Last Name)*

Member Birth Date: \_\_\_\_\_  
*(Month/Day/Year)*

PHC California members may choose a gym membership from one of the individual gyms/gym chains below, **or** up to \$200 a calendar year of over-the-counter (OTC) pharmacy items. Please make your choice below. You may only choose one option.

- 24 Hour Fitness gym membership**  
*Go to [www.24hourfitness.com](http://www.24hourfitness.com) to find a gym closest to you.*
- LA Fitness/Esporta Fitness membership**  
*Go to [www.lafitness.com](http://www.lafitness.com) to find a gym closest to you.*
- AHF Fitness membership**  
*One location at 4905 Hollywood Blvd., Los Angeles, CA 90027.*
- Over-the-counter (OTC) pharmacy items**  
*Limited to \$200 per calendar year. Members who choose the OTC option will order from a list of items like vitamins, fiber supplements, first aid supplies, sunscreen, tooth brushes and pastes, cold medication, antacids, etc. Members will get order forms with instructions from the plan. Members may place orders for items through the year up to the annual limit of \$200. Order forms with instructions are also available at [www.phc-ca.org/members/otc](http://www.phc-ca.org/members/otc).*
- Decline the Health and Wellness Benefit**  
*Declining the benefit will not affect your eligibility for PHC California. It won't affect your membership in PHC California. If you decline the benefit, you may change your decision anytime. Please call Member Services if you want to activate the benefit. Call (800) 263-0067 (TTY 711), Monday through Friday, 8:00 am to 8:00 pm*

*Please read below and initial by each statement to indicate you have read and understand the terms of the program.*

- \_\_\_\_\_ I understand that I may choose only one benefit option during the calendar year (January 1 through December 31).
- \_\_\_\_\_ I understand that I may only change my Health and Wellness Benefit option choice once a calendar year from January 1 through January 15.
- \_\_\_\_\_ I understand that it may take 15 to 45 days for the processing of my Health and Wellness Benefit option choice.
- \_\_\_\_\_ I understand that PHC California will contact me by mail with instructions or forms to activate the option I choose.
- \_\_\_\_\_ I understand that the Health and Wellness Benefit option that I choose is only valid for me. It can only be used by me.
- \_\_\_\_\_ I understand that if I choose the gym membership option and I leave the plan,

Member Signature: \_\_\_\_\_

Address: \_\_\_\_\_  
*(Street Address, City, State, Zip)*

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

## **NONDISCRIMINATION NOTICE**

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Discrimination is against the law. PHC California follows State and Federal civil rights laws. PHC California does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

PHC California provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
  - ✓ Qualified sign language interpreters
  - ✓ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
  - ✓ Qualified interpreters
  - ✓ Information written in other languages

If you need these services, contact PHC California between 8:00 am to 8:00 pm, Monday through Friday by calling 1-800-263-0067. If you cannot hear or speak well, please call 711. Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

PHC California  
PO Box 46160  
Los Angeles, CA 90046  
1-800-263-0067  
TTY 711

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## **HOW TO FILE A GRIEVANCE**

If you believe that PHC California has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with Member Services. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact Member Services between 8:00 am to 8:00 pm, Monday through Friday by calling 1-800-263-0067. Or, if you cannot hear or speak well, please call 711.
- In writing: Fill out a complaint form or write a letter and send it to:
 

PHC California  
PO Box 46160  
Los Angeles, CA 90046
- In person: Visit your doctor's office or PHC California and say you want to file a grievance.
- Electronically: Send an email to [php@positivehealthcare.org](mailto:php@positivehealthcare.org).

### **OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES**

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call **916-440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Service)**.
- In writing: Fill out a complaint form or send a letter to:

**Deputy Director, Office of Civil Rights  
Department of Health Care Services  
Office of Civil Rights  
P.O. Box 997413, MS 0009  
Sacramento, CA 95899-7413**

Complaint forms are available at  
[http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx).

- Electronically: Send an email to [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov).

### **OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.

- In writing: Fill out a complaint form or send a letter to:

**U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201**

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

- Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

## TAGLINES

### **English Tagline**

ATTENTION: If you need help in your language call 1-800-263-0067 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-800-263-0067 (TTY: 711). These services are free of charge.

### **الشعار بالعربية (Arabic)**

يرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-800-263-0067 (TTY: 711). تتوفر أي = ظلمساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير. اتصل بـ 1-800-263-0067 (TTY: 711). هذه الخدمات مجانية.

### **Հայերեն պիտակ (Armenian)**

Ուշադրություն: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-800-263-0067 (TTY: 711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված կյութեր: Ձանգահարեք 1-800-263-0067 (TTY: 711): Այդ ծառայություններն անվճար են:

### **ព្រឹត្តិការណ៍ ជា ភាសា ខ្មែរ (Cambodian)**

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា ខ្មែរ សូម ទូរស័ព្ទទៅលេខ 1-800-263-0067 (TTY: 711)។ ជំនួយ និង បម្រើការងារ ផ្សេងៗ ដូចជា ឯកសារ បម្រើការងារ អ្នកជំនាញ សម្រាប់ ជនមានការ គ្រោះថ្នាក់ ឬ ឯកសារ បម្រើការងារ អ្នកពុម្ពពន់ ក៏អាច ទទួលបាន ផងដែរ។ ទូរស័ព្ទ លេខ 1-800-263-0067 (TTY: 711)។ បម្រើការងារ ទាំងនេះ មិន គិត ថ្លៃ ឡើយ។

### **简体中文标语 (Chinese)**

请注意：如果您需要以您的母语提供帮助，请致电 1-800-263-0067 (TTY: 711)。另外还提  
供针对残疾人士的帮助和服务，例如文盲和需要较大字体阅读，也是方便取用的。请致电  
1-800-263-0067 (TTY: 711)。这些服务都是免费的。

### **مطلب به زبان فارسی (Farsi)**

توجه: اگر میخواهید به زبان خود کمک دریافت کنید، با 1-800-263-0067 (TTY: 711) تماس بگیرید. کمکها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-800-263-0067 (TTY: 711) تماس بگیرید. این خدمات رایگان ارائه میشوند.

### **हिंदी टैगलाइन (Hindi)**

**ध्यान दें:** अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-800-263-0067 (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के लिये सहायता और सेवाएँ, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-800-263-0067 (TTY: 711) पर कॉल करें। ये सेवाएँ ननः शुल्क हैं।

### **Nqe Lus Hmoob Cob (Hmong)**

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-800-263-0067 (TTY: 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-800-263-0067 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

### **日本語表記 (Japanese)**

注意日本語での対応が必要な場合は 1-800-263-0067 (TTY: 711)へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。1-800-263-0067 (TTY: 711)へお電話ください。これらのサービスは無料で提供しています。

### **한국어 태그라인 (Korean)**

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-800-263-0067 (TTY: 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-800-263-0067 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

### **ແທກໄລພາສາລາວ (Laotian)**

ປະກາດ: ຖ້າທ່ານ ກຳລັງ ອົງການຄວາມຊ່ວຍເຫຼືອ ອາໄປພາສາຂອງທ່ານໃຫ້ ໂທຫາເບີ 1-800-263-0067 (TTY: 711). ຍັງມີຄວາມຊ່ວຍເຫຼືອ ອາໄປສຳລັບການສຳລັບ ທີ່ ການ ຈັດ ນອກສະໜັບສະໜູນ ນອກສະໜັບສະໜູນ ມາໃຫ້ ທີ່ ໂທຫາເບີ 1-800-263-0067 (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ ຈຶ່ງ ຈຳນວນ ອາໄປ ຈາຍໃດໆ.

### **Mien Tagline (Mien)**

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemo longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-800-263-0067 (TTY: 711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hlou mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzaih bun longc. Douc waac daaih lorx 1-800-263-0067 (TTY: 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

### **ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)**

ਧਿਆਨ ਧਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਧਿ ਿੱਚ ਮਿਠਿ ਿਠੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-800-263-0067 (TTY: 711). ਅਪਾਰਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਧਜ ਿੱਚ ਬਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਧਿ ਿੱਚ ਿਸਤਾ ੇਜ਼, ਿ ਉਪਲਬਿ ਹਨ। ਕਾਲ ਕਰੋ 1-800-263-0067 (TTY: 711). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

### **Русский слоган (Russian)**

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-800-263-0067 (линия ТТУ: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-800-263-0067 (линия ТТУ: 711). Такие услуги предоставляются бесплатно.

### **Mensaje en español (Spanish)**

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-800-263-0067 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-800-263-0067 (TTY: 711). Estos servicios son gratuitos.

### **Tagalog Tagline (Tagalog)**

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-800-263-0067 (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-800-263-0067 (TTY: 711). Libre ang mga serbisyong ito.

### **แท็กไลน์ภาษาไทย (Thai)**

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไป ที่หมายเลข 1-800-263-0067 (TTY: 711) นอกจากนี้ ยังพร้อมให้คำ วามชว่ ยเหลือและบรกาธิ ร์ต่าง ๆ สำหรับ บุคคลที่มควิ ามพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์แ ละเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไป ที่หมายเลข 1-800-263-0067 (TTY: 711) ไม่มีค่าใช้จ่ายสำหรับ บริการเหล่านี้

### **Примітка українською (Ukrainian)**

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-800-263-0067 (TTY: 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-800-263-0067 (TTY: 711). Ці послуги безкоштовні.

### **Khẩu hiệu tiếng Việt (Vietnamese)**

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-800-263-0067 (TTY: 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-800-263-0067 (TTY: 711). Các dịch vụ này đều miễn phí.