the persons involved in making the decision. Accordingly, decisions
in a manner designed to ensure the independence and impartiality of
the Plan do not exist; 8) a statement prominently displayed in any
Security Administration; 6) if the adverse benefit determination
for disagreeing with or not following: (a) the views presented by you
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To be eligible for Layoff Assistance you must,
If you or your authorized representative would
or hospitalization(s) event
hospital expenses; (i) that are associated with a hospitalization(s) event
during the 24-month period prior to the date that you
that took place during the 24-month period prior to the date that you
the Plan took place during the 24-month period prior to the date that you
the initial claim determination. The Trustees will normally make a decision when all relevant information is provided. If, however, the Trustees determine that, based on the information provided, the Trustees may require an extension of time up to 30 days. If an extension is granted, the Trustees may extend the period of time if it is necessary to complete a thorough investigation of the facts. If you are determined to be eligible for a Disaster Relief Grant, you will receive a $500 grant paid directly to you. You may receive three Disaster Relief Grants per policy year, but no more than one Disaster Relief Grant per year regardless of the number of policies you may have. You may only receive one Disaster Relief Grant per year regardless of the number of policies you have. You may only receive one Disaster Relief Grant under IPAP for the same unique event. In order to demonstrate your eligibility for a Disaster Relief Grant, you must supply required information to Union Plus within 24 months of documented public disaster. For purposes of this section, required information must include (but is not limited to): (i) the address of your primary residence located in a county or parish affected by a natural disaster, (ii) the name of your insurance policy or policies (including any plan, policy, or certificate of insurance, or any other separate or supplemental policy or certificate), (iii) the dates of the disaster, (iv) the dates and charges for the hospitalization ("Hospital Charge"), (v) the amount of the Hospital Charge covered by insurance, and (vi) the amount of the Hospital Charge for which the patient was financially responsible.

- The Plan has paid a Hospital Grant of $1,200 directly to you. You or your authorized representative upon request must provide administrative documentation to prove your eligibility. If you provide all materials necessary to prove the claim are received. If circumstances require more time, the Insurance Company will provide you with a reasonable estimate of the time needed to complete the review and determination. If any extension of time is needed and the expected decision date. In no event will the extension exceed a period of 30 days. If the Plan denies your appeal, you will be notified in writing of the denial and the reason for the denial. If you choose to bring a civil action under Section 502(a) of ERISA under such circumstances, your claim or appeal is deemed final. Failure to notify you in writing of the decision that will not become final and be deemed exhausted based on de minimis violations of any kind, the Trustees may require an extension of time up to 60 days. If an extension is granted, the Trustees may extend the period of time if it is necessary to complete a thorough investigation of the facts. If you are determined to be eligible for a Disaster Relief Grant, you will receive a $500 grant paid directly to you. You may receive three Disaster Relief Grants per policy year, but no more than one Disaster Relief Grant per year regardless of the number of policies you may have. You may only receive one Disaster Relief Grant per year regardless of the number of policies you have. You may only receive one Disaster Relief Grant under IPAP for the same unique event. In order to demonstrate your eligibility for a Disaster Relief Grant, you must supply required information to Union Plus within 24 months of documented public disaster. For purposes of this section, required information must include (but is not limited to): (i) the address of your primary residence located in a county or parish affected by a natural disaster, (ii) the name of your insurance policy or policies (including any plan, policy, or certificate of insurance, or any other separate or supplemental policy or certificate), (iii) the dates of the disaster, (iv) the dates and charges for the hospitalization ("Hospital Charge"), (v) the amount of the Hospital Charge covered by insurance, and (vi) the amount of the Hospital Charge for which the patient was financially responsible.

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