

**Complete and Return the Enclosed Questionnaire by March 1, 2008,
to Receive an Additional \$50 to \$100 in your HRA Account!**

It's About You

The Trustees of the United Food & Commercial Workers Unions and Food Employers Benefit Fund believe in you - and your good health. That is why we have implemented a new health benefits program. From family needs, to work commitments, and every day errands, you are stretched thin. Now is the time to take charge of your health. We want to help you live your life to its fullest.

Make Yourself A Priority

To make you and your health a priority, you've got to start somewhere. Enclosed with this letter is your Health Risk Questionnaire (HRQ) administered by StayWell. It's voluntary, confidential, and - as part of the New Indemnity Medical Plan - there is no cost to you. In fact, you will receive an extra contribution to your Health Reimbursement Account (HRA) if you complete and return your questionnaire by March 1, 2008. Please take a few minutes to complete the enclosed questionnaire. Find out how your health now can affect your life later, and learn what you can do to live a healthier life. By completing the questionnaire, you will receive:

- a confidential, personalized report - all about you
- information on how your health status compares to the national average, and
- recommendations regarding needed health improvements

Reward Yourself

When you complete the HRQ between February 1, 2008 and March 1, 2008, you'll receive an extra contribution to your HRA of \$50, or \$100 if your covered spouse or registered domestic partner also completes a HRQ. Once completed, simply use the postage-paid envelope to return the questionnaire to StayWell by **March 1, 2008**. A personal results booklet will be mailed to you within two weeks.

It's Confidential

The HRQ is confidential and no individual health or personal information will be provided to the Benefit Fund, your Employer or your Local Union. StayWell will collect limited personal information about you, including your name, your date of birth, and your answers to the HRQ questions (your "Personal Information"). Your Personal Information will be used by Stay Well to provide you with a personalized, confidential report. As part of this program, Stay Well may also provide your Personal Information to the Benefit Fund's designated health care contractors so that they may respond to your inquiries and provide you with other health-related services. Your personal report will not be provided to the Benefit Fund, your Employer or your Local Union. Your information will be used at the group level to help the Benefit Fund better understand the overall health needs of its members; your specific health information is not identifiable in any of the aggregate group reports. StayWell will notify the Benefit Fund upon your completion of the questionnaire, so that you may receive the extra financial contribution to your HRA.

To ask any questions about the information contained in this letter or the HRQ, please contact (800) 461-9179. For more information about your New Indemnity Medical Plan, HRA or any of your other medical benefits, please contact your Local Union Office or the Benefit Fund's Customer Service Department at (714) 220-2297 or (562) 408-2715, Extension 424. Better Health Starts Here! Please take a few minutes to complete this now.

Para Participants que hablan Español

Para recibir una copia de este cuestionario en Español, o si Usted tiene preguntas acerca de la informacion contenida en esta carta o en la HRQ, por favor llame al (800) 461-9179.