COUNTY OF WILL
EMPLOYEE BENEFIT PLAN

§1557 Notice Informing Individuals about Nondiscrimination and Accessibility Requirements and Nondiscrimination

Discrimination is Against the Law. The County of Will Employee Benefit Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The County of Will Employee Benefit Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The County of Will Employee Benefit Plan:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides 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, please contact the Will County Civil Rights Coordinator at HR@willcountyillinois.com.

If you believe that the County of Will Employee Benefit Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Will County Civil Rights Coordinator, 302 N. Chicago St., Joliet, IL 60432, [Telephone: 815-740-4601], [Fax: 815-774-6355], [Email: HR@willcountyillinois.com; subject: Civil Rights Grievance]. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Will County Civil Rights Coordinator is available to help you. It is against the law for the County of Will Employee Benefit Plan to retaliate against anyone who files a grievance, or participates in the investigation of a grievance.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services 200
Independence Avenue SW.
Room 509F, HHH Building Washington,
DC 20201
1–800–868–1019, 800–537–7697 (TDD).

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

Such complaints must be filed within 180 days of the date of the alleged discrimination.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-538-8833 (TTY: 1-800-538-8833).

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Multi-language Interpreter Services
State of Illinois - Top 15 Non-English Languages

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-538-8833 (TTY: 1-800-538-8833).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-538-8833 (TTY: 1-800-538-8833).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-538-8833（TTY：1-800-538-8833）。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-538-8833 (TTY: 1-800-538-8833).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-538-8833 (رقم هاتف لصم والبكم: 1-800-538-8833).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-538-8833 (TTY: 1-800-538-8833)번으로 전화해 주십시오.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-538-8833 (TTY: 1-800-538-8833).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں 1-800-538-8833 (TTY: 1-800-538-8833).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-538-8833 (TTY: 1-800-538-8833).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-538-8833 (телетайп: 1-800-538-8833).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-538-8833 (TTY: 1-800-538-8833).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-538-8833 (TTY: 1-800-538-8833) पर कॉल करें।

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-538-8833 (ATS : 1-800-538-8833).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-538-8833 (TTY: 1-800-538-8833).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-538-8833 (TTY: 1-800-538-8833).

This annual notice is being provided to you under applicable law