



NATIONAL AUTOMATIC SPRINKLER INDUSTRY

WELFARE FUND • PENSION FUND

8000 CORPORATE DRIVE • LANDOVER, MD 20785



TELEPHONE
(301) 577-1700

WELFARE FUND TRUSTEES

FRED BARALL, Secretary
ROB VINCENT
MARTIN CORCORAN
STEVE ULMER
SHANE RAY
LANCE GUNNELLS, Alternate

BRIAN DUNN, Chairman
PETER GIBBONS
ROBERT J. COOPER, JR.
BRIAN E. FISHER
KEVIN BELLEW

PENSION FUND TRUSTEES

FRED BARALL, Secretary
ROB VINCENT
MARTIN CORCORAN
STEVE ULMER
SHANE RAY

BRIAN DUNN, Chairman
STANLEY M. SMITH
WAYNE MILLER
ROBERT J. COOPER, JR.
BRIAN E. FISHER
TODD W. GOLDEN, Alternate

TOLL FREE
(800) 638-2603

JOHN P. EGER, Administrator

COVID-19 WELLNESS PROGRAM

\$500 CASH PAYMENT FOR ACTIVELY ELIGIBLE PARTICIPANTS WHO PRESENT PROOF OF VACCINATION AGAINST COVID-19 TO THE FUND OFFICE BY DECEMBER 31, 2021

October 2021

Dear Participant:

The Trustees of the National Automatic Sprinkler Industry (NASI) Welfare Fund are committed to implementing programs that promote health and prevent disease. They also recognize the benefits of being fully vaccinated against COVID-19. For these reasons, they are pleased to announce a new COVID-19 Wellness Program effective immediately.

If you meet the eligibility conditions for the COVID-19 Wellness Program, you will receive a one-time \$500 cash payment by paper check from the Fund Office. You qualify for this payment if:

1. You are an active participant who is currently eligible for benefits.
2. You complete one of the FDA-approved vaccine regimens for COVID-19 or meet the reasonable alternative standard explained below.
3. You provide proof of your fully vaccinated status (or fulfillment of the reasonable alternative standard) to the Fund Office (vax@nasifund.org) no later than December 31, 2021.

Eligibility Criteria – This benefit is only for active participants who are currently eligible for benefits. There is no benefit payable for spouses or other dependents. In addition, there is no benefit payable for participants who have retired.

Proof Required – In order to receive the cash reward, the active participant must show proof he or she has received two doses of the Pfizer or Moderna vaccines, or one dose of the Janssen/Johnson & Johnson vaccine. Alternatively, the active participant may: (1) provide proof from his or her physician that it is medically inadvisable to receive the vaccine or that getting vaccinated would be unreasonably difficult due to a medical condition; and (2) attest to complying with federal mask guidelines. The proof required may be emailed to vax@nasifund.org, faxed to 301-429-4709, or mailed to the Fund Office. Please include your name, address, and your Blue Cross Blue Shield (BCBS) of Illinois ID number that starts with "SFI" when submitting your proof so that we can process your payment without delay.

Deadline – The proof required must be received in the Fund Office by December 31, 2021. If proof is not received by December 31, 2021, no benefit will be payable.

This program is completely voluntary. You will not be punished or penalized if you choose not to participate. In addition, this program's cash reward is taxable to the recipient. We encourage you to consult with your tax advisor about this payment. Finally, if you have already submitted a request for a COVID-19 Wellness Program payment from the NAS Metal Trades Welfare Fund, you are ineligible to receive such a payment from this Fund. If you have any questions or require assistance, please contact the Fund Office.

Your health plan is committed to helping you achieve your best health. The \$500 reward for obtaining a vaccine is available to all currently active participants who provide proof of vaccination by December 31, 2021. If you are unable to obtain a vaccine for some medical reason, you might qualify for an opportunity to earn the reward by different means. Contact us at the Fund Office, and we will work with you (and, if you wish, with your doctor). All information received in connection with this program will be kept confidential.