

ROMAN CATHOLIC DIOCESE OF SYRACUSE HEALTH BENEFITS PLAN

NOTICE OF NONDISCRIMINATION

The Roman Catholic Diocese of Syracuse Health Benefits Plan (the "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 Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.¹

The Plan:

1. 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); and
2. 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, contact _____ [Name of Civil Rights Coordinator].

If you believe that the 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 Civil Rights Coordinator for the Plan. You may reach the Civil Rights Coordinator by writing to: Civil Rights Coordinator, Office of Human Resources & Employee Benefits Roman Catholic Diocese of Syracuse, 240 East Onondaga Street, Syracuse, New York 13202-2608. You can also call (315) 422-9091, fax to (315) 422-9139, or e-mail to rsmith@syrдио.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

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, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

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

¹ Consistent with the principals and teachings of the Roman Catholic Church, the Plan does not provide coverage to same sex spouses.

Appendix A- Top 15 Non-English Languages by State

New Mexico		
1	Spanish	152,981
2	Navajo	10,292
3	Vietnamese	2,727
4	German	1,488
5	Chinese	2,205
6	Arabic	766
7	Korean	717
8	Tagalog	697
9	Japanese	563
10	French	548
11	Italian	390
12	Russian	319
13	Hindi	275
14	Persian	271
15	Thai	238
New York		
1	Spanish	1,240,490
2	Chinese	350,976
3	Russian	130,296
4	French Creole ♠	68,509
5	Korean	61,833
6	Italian	58,200
7	Yiddish	53,052
8	Bengali*	48,980
9	Polish	40,883
10	Arabic	36,053
11	French	32,900
12	Urdu	29,109
13	Tagalog	22,095
14	Greek	19,521
15	Albanian*	17,010
North Carolina		
1	Spanish	329,155
2	Chinese	14,502
3	Vietnamese	14,257
4	Korean	7,473
5	French	6,338

Spanish

**Appendix B to Part 92—Sample Tagline Informing Individuals With Limited English Proficiency
of Language Assistance Services**

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

Chinese

**Appendix B to Part 92—Sample Tagline Informing Individuals With Limited English Proficiency
of Language Assistance Services**

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-xxx-xxx-xxxx (TTY: 1-
xxx-xxx-xxxx)。

Russian

**Appendix B to Part 92—Sample Tagline Informing Individuals With Limited English Proficiency
of Language Assistance Services**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

Звоните 1-xxx-xxx-xxxx (телетайп: 1-xxx-xxx-xxxx).

French Creole

Appendix B to Part 92—Sample Tagline Informing Individuals With Limited English

Proficiency of Language Assistance Services

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele

1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

Korean

**Appendix B to Part 92—Sample Tagline Informing Individuals With Limited English Proficiency
of Language Assistance Services**

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

Italian

**Appendix B to Part 92—Sample Tagline Informing Individuals With Limited English Proficiency
of Language Assistance Services**

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

Yiddish

Appendix B to Part 92—Sample Tagline Informing Individuals With Limited English

Proficiency of Language Assistance Services

אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר איך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-

.xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx)

Bengali

**Appendix B to Part 92—Sample Tagline Informing Individuals With Limited English Proficiency
of Language Assistance Services**

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন

করুন S-xxx-xxx-xxxx (TTY: S-xxx-xxx-xxxx)।

Polish

**Appendix B to Part 92—Sample Tagline Informing Individuals With Limited English Proficiency
of Language Assistance Services**

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

Arabic

Appendix B to Part 92—Sample Tagline Informing Individuals With Limited English

Proficiency of Language Assistance Services

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-xxx-xxx-xxxx (رقم

هاتف الصم والبكم: 1-xxx-xxx-xxxx).

French

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of Language Assistance Services**

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

Appelez le 1-xxx-xxx-xxxx (ATS : 1-xxx-xxx-xxxx).

Urdu

**Appendix B to Part 92—Sample Tagline Informing Individuals With Limited English
Proficiency of Language Assistance Services**

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

Tagalog

**Appendix B to Part 92—Sample Tagline Informing Individuals With Limited English Proficiency
of Language Assistance Services**

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

Greek

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of Language Assistance Services**

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

Albanian

**Appendix B to Part 92—Sample Tagline Informing Individuals With Limited English Proficiency
of Language Assistance Services**

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë.

Telefoni në 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).