



George J. Orlando
Chairman

As I write this the news media is reporting that the number of people with the coronavirus may have reached its peak and new cases, hospitalizations, intensive care admissions and the number of deaths are starting to level off. Isn't it unusual what we will sometimes consider as "good" news? Although the New York and New Jersey areas have been particularly hard hit, the virus may well affect areas with high numbers of National Fund members, like California, Kentucky, Ohio, Texas and other states. Although the "Shelter at Home" and "Social Distancing" provisions are most recommended for protection, they are sometimes difficult to maintain even though essential.

The National Fund is fortunate that most of our Contributing Employers have been allowed to continue working and not closed by governmental orders or decrees requiring their employees to "stay at home". It is a very sobering prediction that up to 25% of businesses may never reopen. We are fortunate that the National Fund offices have been able to be open most of the time with alternate work schedules, intensive disinfection of work stations, enforced social distancing and working remotely when possible.

We intend to use our experiences with COVID-19 as a learning experience to make sure that we have dedicated back up policies and procedures in place for future disasters. We have revised our Disaster Recovery Plan to include pandemics and not just physical interruptions which we had experienced and previously had prepared. The National Fund is using highly sophisticated and secure "cloud" services to allow more remote working to make sure all critical services continue, and that we can access our system from any internet service at any time. We are continuing with cross-training of staff and using the benefit of having two offices on either side of the country to be an internal back up so that we may continue to provide the services that our participants require, are used to and deserve. ■

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ALLERGIES VS. CORONAVIRUS: HERE'S HOW TO TELL THE DIFFERENCE

While the beginning of spring typically brings good news—warmer temperatures, longer days, a dying cold and flu season—it can be the start of something pretty miserable for many Americans: allergy season. And unfortunately, this year's season coincides with the coronavirus outbreak.

With the public already on edge about COVID-19, those with seasonal allergies (aka, allergic rhinitis or hay fever), may have a particularly tough time distinguishing their allergy symptoms from a possible coronavirus infection. That's because, much like cold and flu symptoms, signs you're suffering from seasonal allergies can seem very similar to those of COVID-19.

But, even if you are an allergy sufferer, there's no reason to panic: There are also a few *major* differences between the two sets of symptoms, as well. Here's what to know about how to tell the difference between coronavirus and run-of-the-mill seasonal allergies, according to experts.

The American College of Allergy, Asthma, and Immunology points out that allergies in general occur when your immune system overreacts to something that is typically harmless in others. For seasonal allergy sufferers, that means their bodies don't react well to allergens like pollen, grass, and/or ragweed. The symptoms that often accompany allergies include:

- Runny nose, stuffy nose, and/or sneezing
- Wheezing or shortness of breath
- Dry Cough
- Rashes
- Fatigue
- Headache

In addition to those symptoms, Marc F. Goldstein, MD, Chief of Allergy and Immunology at Pennsylvania Hospital and medical adviser at Curist, explains that those with seasonal allergies may also experience itchy, watery, or puffy eyes; and an itchy nose, throat, and ears. He also notes that people with asthma may have an exacerbation of their symptoms, as well.

As far as the symptoms of COVID-19 goes, the Centers for Disease Control and Prevention (CDC) says those with the virus show three main symptoms:

- Fever
- Shortness of Breath
- Dry Cough

Some less common coronavirus symptoms include: aches and pains, nasal congestion, runny nose, sore throat or diarrhea, per the World Health Organization (WHO).

The main difference that stands out between coronavirus symptoms and those of seasonal allergies:

Coronavirus can cause a fever; allergies cannot. "With COVID-19 respiratory illness people typically have fever with coughing and shortness of breath, so fever is a big distinction," he says. Another major distinction is that allergies will also come with some level of itchiness, while coronavirus will not. And while sneezing can occur in both conditions, those with allergies often suffer more from nasal issues. "With allergies, people often have bouts of sneezing where you just can't stop. People with coronavirus are showing less of that incessant sneeze so it's more infrequent," Dr. Goldstein says.

The differences between the two can also be subtle, and may even take some investigative work, like checking your town's pollen count. "If you live in an area where the spring pollen has not yet picked up, it's unlikely that the symptoms are from seasonal allergies," Dr. Goldstein suggests, that's because "coronavirus symptoms are independent of pollen count."

One of the most important distinctions (if not *the* most important) between the two conditions is that coronavirus is extremely contagious, while seasonal allergies are not. "People who think they may have been exposed or are exhibiting coronavirus-type symptoms should be tested and quarantined to prevent further spread.

According to the CDC, COVID-19 spreads primarily through direct person-to-person contact via respiratory droplets expelled from infected people through coughs and sneezes. The disease can also be transmitted through frequently touched surfaces that can become infected (the virus can live on surfaces from two hours to nine days, without proper cleaning). While allergy sufferers still cough and sneeze, the droplets aren't infectious (that is, of course, unless the person with allergies is also ill).

Dr. Goldstein also notes that allergy sufferers are all too familiar with their symptoms: "They come to expect the pattern of how symptoms flow from allergies to their chest," he says. "Someone with coronavirus would have a different pattern and the cough or sneeze may even feel different."

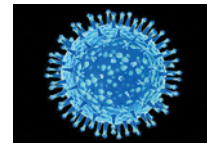
That being said, this allergy season, Dr. Goldstein encourages allergy sufferers to be socially aware of the consequences their symptoms may have on those around them. "Because of the overlap of some symptoms between allergies and coronavirus, allergy sufferers now have the risk of provoking or scaring the people around them unnecessarily," he explains. "As a result, allergy treatment is even more important this spring—not just for symptom relief for allergy sufferers themselves, but also for those around them!" ■

FROM THE FUND OFFICE



Maurice Hodos
Fund Administrator

In the fifteen years I have been the Administrator of the National Fund, I have never been faced with the challenges of the novel coronavirus pandemic with COVID-19. And neither have any of us! This is new territory for us to traverse. We had the experience in the past of flu epidemics (almost annually), hurricanes and floods (Sandy and Katrina) as well as the damages caused by tornados in some southern states and blizzards in northern states. The National Fund provides benefits to over 11,000 members in 19 states. COVID-19 can affect any of them, anywhere.



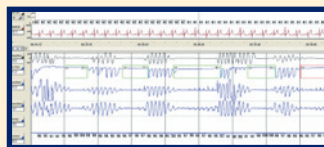
We have thus been tasked with a new challenge – how to continue to provide essential services to our participants. We began by understanding and declaring the work that we do is an essential service. This complies with state guidelines and those issued by the CDC and the Department of Homeland Security and allowed us to keep our offices in New Jersey and California open.

We thus were able to continue to process hospital, medical and prescription claims to support our members and keep the process going so that the providers of service to our members continued to get paid, were able to operate and not see a balance on a member's account. We were able to maintain eligibility so that a member going to a pharmacy had no difficulty in filling a prescription. We streamlined pre-authorization services so that no member had to wait more than the time it took to call our offices for authorization from their provider. Alternate Work Schedules were implemented as well as increased cleaning and disinfection to keep our staff and workplaces as safe as possible.

And when our New Jersey office had to close while waiting for a staff member who might have contracted the virus to be tested, we transferred telephone calls to our CA office. We continued to process and pay Short Term Disability Benefits to those whose need was the greatest, and Life Insurance Benefits to those we lost during this time so that their families had funds for this greatest need.

I am happy to report that we overcame many of the difficulties caused by the pandemic, and thank the members for their cooperation and understanding and staff for their dedicated service. We are striving to do even better in the future to securely and confidentially be able to serve our members in times of crisis and national emergency. We will endeavor to be better at what we do, for those that we serve. ■

PRE-AUTHORIZATION REQUIREMENT



Pre-authorization is required for CT Scans, MRIs, EMGs (nerve tests) and Sleep Apnea services. Your doctor must follow the instructions on your Medical ID card for approved services to be paid. Do not have these services without confirming that pre-authorization has been obtained to be sure your claim will be processed and paid.

LOOKING FOR A BLUE CROSS IN-NETWORK DOCTOR, HOSPITAL, LAB OR OTHER PROVIDER?

To assist you, you may locate an in-network provider in several ways. By telephone, you can call BLUE CROSS AND BLUE SHIELD at 1-800-810 BLUE, or call the East Coast Fund Office at 1-888-773-8329 or the West Coast Fund Office at 1-800-821-1222. You can also access the BLUE CROSS BLUE SHIELD website at www.bcbs.com, and enter the National Fund's Prefix "UFD".



FROM THE LEGAL DEPARTMENT



Larry Magarik
General Counsel



The UFCW National Health and Welfare Fund is governed by a federal law known as “ERISA.” ERISA (the Employee Retirement Income Security Act of 1974) was the landmark reform of employee benefits law in the U.S.A. Beginning in 1942, the Internal Revenue Code provided that pension plans are not to “discriminate” in favor of employees who are officers, shareholders, or highly compensated employees of a company sponsoring the plan. In 1947, Section 302(c)(5) of the Labor Management Relations Act (the Taft-Hartley Act) required that employee benefit plans administered by unions must have an equal number of management-appointed and union-designated trustees and be structured for the “sole and exclusive benefit” of covered employees and their families. In 1958, disclosure, bonding, and other provisions for employee benefit plans were established by the Welfare and Pension Plans Disclosure Act.

In 1962 a Committee on Corporate Pension Funds recognized that existing federal regulation was not enough. After a decade of hearings, Congress enacted the reforms embodied in ERISA in August of 1974 by a vote of 407-2 in the House and unanimously in the Senate. It was signed into law on Labor Day, 1974.

ERISA Section 2(a), Findings and Declaration of Policy, states:

“[T]he continued well-being and security of millions of employees and their beneficiaries are directly affected by [benefit] plans; ... and that it is ... in the interest of employees and their beneficiaries ... that minimum standards be provided assuring the equitable character of such plans and their financial soundness.”

With certain express exceptions, ERISA’s coverage extends to *all* employee benefit plans “established or maintained” by any employer or employee organization engaged in any industry or activity “affecting commerce.”

In enacting ERISA, Congress created minimum standards for pension plans as federal labor law. In most cases, the same standards were enacted as tax-qualification requirements under the Internal Revenue Code by parallel amendments. In recognition of ERISA’s remedial purposes, the courts have uniformly held that ERISA is to be liberally construed with the guiding principles being the findings and policies in Section 2 of the Act.

ERISA also covers employee welfare benefit plans, such as group health, medical insurance, severance pay, disability and death benefit plans. ERISA provides no minimum benefit levels for these plans. Instead, ERISA’s application to plans such as the UFCW National Health and Welfare Fund is limited to the disclosure requirements, the fiduciary standards, the enforcement mechanisms and similar provisions.

ERISA is separated into four titles.

Title I includes five parts. Part 1 has disclosure requirements; Parts 2 and 3 cover pension plans; Part 4 sets forth fiduciary duties; and Part 5 covers enforcement. Part 6, added in 1986, contains the “COBRA” rules that mandate group health insurance continuation coverage. Part 7, known as HIPAA, makes various changes to the statute relating to health benefits.

Title II of the Act concerns minimum standards for retirement pensions.

Title III of ERISA divides enforcement jurisdiction between the Labor and Treasury Departments. It sets up an Enrolled Actuaries Board to certify plan actuaries.

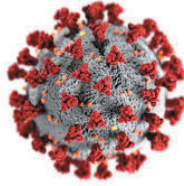
Title IV establishes federal insurance under certain pension plans.

As ERISA has been applied, a large body of regulations, rulings by the Department of Labor, and court decisions has developed. Additionally, the actual experience and practice of plans and their greater complexity has added to the customs and standards of the law. The sum of all of these developments is what we call the “developing federal common law” of employee benefits. This framework is essential to an understanding of benefits law questions. ■



Norman H. Kupferstein, M.D.
Medical Director

COVID-19



I write this with the same disclaimer universally used by the medical community when imparting information about COVID-19; research is ongoing and everyday we learn more about this virus. Therefore, when you are reading this article there is a chance that the latest evidence-based research may differ from what is discussed below.

Hydroxychloroquine:

There are many reports indicating the potential positive effects of hydroxychloroquine, however, according to the FDA the good may not outweigh the negative effects associated with this medication. Improper use of hydroxychloroquine may increase risk of cardiac arrhythmias and death. There have been many reports of potentially life threatening arrhythmias, especially in people with prior heart and kidney diseases. Therefore, at present, hydroxychloroquine should only be used in hospital settings which allow for heart monitoring. Those that are taking this medication for other diseases (i.e., malaria or autoimmune diseases) prior to the pandemic should continue with their prescribed medication.

COVID-19 antibody testing:

To allow for the economy to reopen safely, many people are talking about antibody testing to determine immunity to COVID-19. But, at this point it is not yet clear if COVID-19 antibodies are protective against reinfection. Antibody tests are performed using the blood of a patient with confirmed COVID-19 infection to detect antibodies that the immune system produce in response to an infection. Most patients who develop and recover from an infection will develop antibodies in their blood about 10-14 days after the infection sets in. The hope is for these antibodies to protect against reinfection. At present that protection is questionable on two accounts: 1) the protection by the antibodies could wane and 2) there may be different strains of the coronavirus in question. With this in mind, the protective role of the Covid-19 antibodies is uncertain.

Heart disease:

As elective surgeries are deemed non-emergent, we might tend to avoid follow up appointments to hospitals or doctors' offices secondary to fears of the virus. Most patients with heart valve problems, known before the pandemic began, should continue to follow up with their doctors via telehealth. This telehealth visit allows the doctor to see telltale signs of the condition worsening. The doctor will assess shortness of breath, frailty and leg swelling, all signs of a worsening condition changing your condition to emergent. ■

CDC. gov



WEBSITES



<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

<https://www.usa.gov/coronavirus>

<https://www.nih.gov/health-information/coronavirus>

IMPORTANT INFORMATION FOR TREATMENT OF OPIOID USE DISORDER



The Board of Trustees have approved reimbursement for costs associated with methadone-based treatment for Opioid Use Disorder. This benefit will apply to both treatment services and the cost of Methadone, as long as both are provided through a licensed Methadone Clinic or Dispensary. Reimbursement will be at the co-insurance percentage of the Plan of Benefits in force for the member. Submission of a paid bill or a cancelled check is required to receive reimbursement directly from the National Fund.

SEASONAL ALLERGIES ARE AROUND EVERY CORNER

And if dealing with COVID-19 isn't enough....

Spring means flower buds and blooming trees — and if you're one of the millions of people who have seasonal allergies, it also means sneezing, congestion, a runny nose and other bothersome symptoms. Seasonal allergies — also called hay fever and allergic rhinitis — can make you miserable. But before you settle for plastic flowers and artificial turf, try these simple strategies to keep seasonal allergies under control.

Reduce your exposure to allergy triggers

To reduce your exposure to the things that trigger your allergy signs and symptoms (allergens):

- Stay indoors on dry, windy days. The best time to go outside is after a good rain, which helps clear pollen from the air.
- Delegate lawn mowing, weed pulling and other gardening chores that stir up allergens.
- Remove clothes you've worn outside and shower to rinse pollen from your skin and hair.
- Don't hang laundry outside — pollen can stick to sheets and towels.
- Wear a pollen mask if you do outside chores.

Take extra steps when pollen counts are high

Seasonal allergy signs and symptoms can flare up when there's a lot of pollen in the air. These steps can help you reduce your exposure:

- Check your local TV or radio station, your local newspaper, or the Internet for pollen forecasts and current pollen levels.
- If high pollen counts are forecasted, start taking allergy medications before your symptoms start.
- Close doors and windows at night or any other time when pollen counts are high.
- Avoid outdoor activity in the early morning when pollen counts are highest.

Keep indoor air clean

There's no miracle product that can eliminate all allergens from the air in your home, but these suggestions may help:

- Use the air conditioning in your house and car.

- If you have forced air heating or air conditioning in your house, use high-efficiency filters and follow regular maintenance schedules.
- Keep indoor air dry with a dehumidifier.
- Use a portable high-efficiency particulate air (HEPA) filter in your bedroom.
- Clean floors often with a vacuum cleaner that has a HEPA filter.

Try an over-the-counter remedy

Several types of nonprescription medications can help ease allergy symptoms. They include:

- **Oral antihistamines.** Antihistamines can help relieve sneezing, itching, a runny nose and watery eyes. Examples of oral antihistamines include loratadine (Claritin, Alavert), cetirizine (Zyrtec Allergy) and fexofenadine (Allegra Allergy).
- **Decongestants.** Oral decongestants such as pseudoephedrine (Sudafed, Afrinol, others) can provide temporary relief from nasal stuffiness. Decongestants also come in nasal sprays, such as oxymetazoline (Afrin) and phenylephrine (Neo-Synephrine). Only use nasal decongestants for a few days in a row. Longer-term use of decongestant nasal sprays can actually worsen symptoms (rebound congestion).
- **Nasal spray.** Cromolyn sodium nasal spray can ease allergy symptoms and doesn't have serious side effects, though it's most effective when you begin using it before your symptoms start.
- **Combination medications.** Some allergy medications combine an antihistamine with a decongestant. Examples include loratadine-pseudoephedrine (Claritin-D) and fexofenadine-pseudoephedrine (Allegra-D).

Rinse your sinuses

Rinsing your nasal passages with saline solution (nasal irrigation) is a quick, inexpensive and effective way to relieve nasal congestion. Rinsing directly flushes out mucus and allergens from your nose.

Look for a squeeze bottle or a neti pot — a small container with a spout designed for nasal rinsing — at your pharmacy or health food store. Use water that's distilled, sterile, previously boiled and cooled, or filtered using a filter with an absolute pore size of 1 micron or smaller to make up the saline irrigation solution. Also be sure to rinse the irrigation device after each use with similarly distilled, sterile, previously boiled and cooled, or filtered water and leave open to air-dry.

UFCW NATIONAL HEALTH AND WELFARE FUND SUMMARY ANNUAL REPORT

SUMMARY ANNUAL REPORT FOR PERIOD OCTOBER 1, 2018 TO SEPTEMBER 30, 2019

TO: ALL PLAN PARTICIPANTS

FROM: THE TRUSTEES

This is a summary of the annual report for the UFCW National Health and Welfare Fund, Employer Identification Number 22-1458594 Plan No. 501, for the period October 1, 2018 to September 30, 2019. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The plan has committed itself to pay all health, disability, dental, prescription drug, death and vision benefits claims incurred under the terms of the plan.

INSURANCE INFORMATION

The plan has a contract with the U.S. Fire Insurance Company to pay stop loss claims incurred under terms of the plan. The total premiums paid for the plan year ending September 30, 2019 were \$1,309,999.

BASIC FINANCIAL STATEMENTS

The value of plan assets, after subtracting liabilities of the plan, was \$72,696,559 as of September 30, 2019 compared to \$71,837,497 as of October 1, 2018. During the plan year, the plan experienced an increase in its net assets of \$859,062. This increase includes unrealized appreciation or depreciation in the value of the plan's assets, that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of \$144,729,480 including employer contributions of \$139,458,883, participant contributions of \$1,319,907, realized loss from the sale of assets of (\$197,402), earnings from investments of \$3,999,461 and other income of \$155,631.

The plan had total expenses of \$143,870,418 including \$136,909,678 in benefit payments and \$6,960,740 in administrative expenses.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, upon request. The items listed below are included in that report:



An accountant's report.

Financial information and information on payments to service providers. Assets held for investment.

Transactions in excess of 5 percent of plan assets.

Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of:

UFCW NATIONAL HEALTH AND WELFARE FUND
66 Grand Avenue, Englewood, NJ 07631-0751
(201) 569-8801

The charge to cover copying costs will be determined by the administrator.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of the income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover the copying costs does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan:

UFCW NATIONAL HEALTH AND WELFARE FUND
66 Grand Avenue, Englewood, NJ 07631-0751

or at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department of Labor should be addressed to:

PUBLIC DISCLOSURE ROOM, N-1513
EMPLOYEE BENEFITS SECURITY ADMINISTRATION
U.S. DEPARTMENT OF LABOR
200 CONSTITUTION AVENUE, N.W.
WASHINGTON, DC 20210



10 HEALTHY LIFESTYLE TIPS

1. Eat a variety of foods

For good health, we need more than 40 different nutrients, and no single food can supply them all. It is not about a single meal, it is about a balanced food choice over time that will make a difference!

- A high-fat lunch could be followed by a low-fat dinner.
- After a large meat portion at dinner, perhaps fish should be the next day's choice?

2. Base your diet on plenty of foods rich in carbohydrates

About half the calories in our diet should come from foods rich in carbohydrates, such as cereals, rice, pasta, potatoes, and bread. It is a good idea to include at least one of these at every meal. Wholegrain foods, like wholegrain bread, pasta, and cereals, will increase our fibre intake.

3. Replace saturated with unsaturated fat

Fats are important for good health and proper functioning of the body. However, too much of it can negatively affect our weight and cardiovascular health. Different kinds of fats have different health effects, and some of these tips could help us keep the balance right:

- We should limit the consumption of total and saturated fats (often coming from foods of animal origin), and completely avoid trans fats; reading the labels helps to identify the sources.
- Eating fish 2-3 times a week, with at least one serving of oily fish, will contribute to our right intake of unsaturated fats.
- When cooking, we should boil, steam or bake, rather than frying, remove the fatty part of meat, use vegetable oils.

4. Enjoy plenty of fruits and vegetables

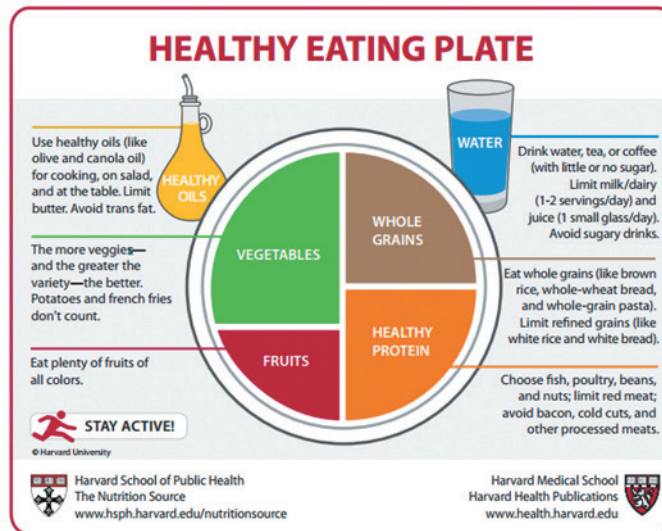
Fruits and vegetables are among the most important foods for giving us enough vitamins, minerals and fibre. We should try to eat at least 5 servings a day. For example, a glass of fresh fruit juice at breakfast, perhaps an apple and a piece of watermelon as snacks, and a good portion of different vegetables at each meal.

5. Reduce salt and sugar intake

A high salt intake can result in high blood pressure, and increase the risk of cardiovascular disease. There are different ways to reduce salt in the diet:

- When shopping, we could choose products with lower sodium content.
- When cooking, salt can be substituted with spices, increasing the variety of flavours and tastes.
- When eating, it helps not to have salt at the table, or at least not to add salt before tasting.

Sugar provides sweetness and an attractive taste, but sugary foods and drinks are rich in energy, and are best enjoyed in moderation, as an occasional treat. We could use fruits instead, even to sweeten our foods and drinks.



6. Eat regularly, control the portion size

Eating a variety of foods, regularly, and in the right amounts is the best formula for a healthy diet.

Skipping meals, especially breakfast, can lead to out-of-control hunger, often resulting in helpless overeating. Snacking between meals can help control hunger, but snacking should not replace proper meals. For snacks, we could choose yoghurt, a handful of fresh or dried fruits or vegetables (like carrot sticks), unsalted nuts, or perhaps some bread with cheese.

Paying attention to portion size will help us not to consume too many calories, and will allow us to eat all the foods we enjoy, without having to eliminate any.

10 HEALTHY LIFESTYLE TIPS

- Cooking the right amount makes it easier to not overeat.
- Some reasonable serving sizes are: 100 g of meat; one medium piece of fruit; half a cup of raw pasta.
- Using smaller plates helps with smaller servings.
- Packaged foods, with calorie values on the pack, could aid in portion control.
- If eating out, we could share a portion with a friend.

7. Drink plenty of fluids

Adults need to drink at least 1.5 litres of fluid a day! Or more if it's very hot or they are physically active. Water is the best source, of course, and we can use tap or mineral water, sparkling or non-sparkling, plain or flavoured. Fruit juices, tea, soft drinks, milk and other drinks, can all be okay - from time to time.

8. Maintain a healthy body weight

The right weight for each us depends on factors like our gender, height, age, and genes. Being affected by obesity and being overweight increases the risks of a wide range of diseases, including diabetes, heart diseases, and cancer.

Excess body fat comes from eating more than we need. The extra calories can come from any caloric nutrient - protein, fat, carbohydrate, or alcohol, but fat is the most concentrated source of energy. Physical activity helps us spend the energy, and makes us feel good. The message is reasonably simple: if we are gaining weight, we need to eat less and be more active!

9. Get on the move, make it a habit!

Physical activity is important for people of all weight ranges and health conditions. It helps us burn off the extra calories, it is good for the heart and circulatory system, it maintains or increases our muscle mass, it helps us focus, and improves overall health well-being. We don't have to be top athletes to get on the move! 150 minutes per week of moderate physical activity is advised, and it can easily become part of our daily routine. We all could:

- use the stairs instead of the elevator,
- go for a walk during lunch breaks (and stretch in our offices in between)
- make time for a family weekend activity

10. Start now!

And keep changing gradually.

Gradual changes in our lifestyle are easier to maintain than major changes introduced all at once. For three days, we could write down the foods and drinks we consume throughout the day, and make a note of the amount of movement we made. It won't be difficult to spot where we could improve:

- Skipping breakfast? A small bowl of muesli, a piece of bread or fruit, could help slowly introduce it into our routine
- Too few fruits and vegetables? To start with, we can introduce one extra piece a day.
- Favourite foods high in fat? Eliminating them abruptly could fire back, and make us return to the old habits. We can choose low fat options instead, eat them less frequently, and in smaller portions.
- Too little activity? Using the stairs daily could be a great first move. ■

NOTICE FOR CALIFORNIA MEMBERS

The following changes has been made to the National Fund's Provider Network list, effective June 1, 2020:

Out of Network:

John Muir Medical Center
2540 E Street, Napa, CA 94558

In-Network Alternatives:

San Ramon Regional Medical Center
6001 Norris Canyon Road
San Ramon, CA 94583

Children's Hospital Oakland
5700 Martin Luther King Jr. Way
Oakland, CA 94609
and
747 52nd Street, Oakland, CA 94609

Doctors Medical Center San Pablo
2151 Appian Way, Pinole, CA 94568

In addition, you can look up in-network providers on the National Fund's customized HealthSmart website at <http://www.providerlookup.healthsmart.com/ufcw> or call the National Fund Office at 1-800-821-1222.

CLAUDIA'S RETIREMENT PARTY



TAXES

THE IRS EXTENDS THE FILING DEADLINE FOR TAX RETURNS TO JULY 15, 2020

The Treasury Department and the Internal Revenue Service has provided special tax filing and payment relief to individuals and businesses in response to the COVID-19 Outbreak, by extending the 2019 tax filing deadline from April 15, 2020 to July 15, 2020. This extended due date is automatic and without penalties and interest. Taxpayers do not need to file any additional forms or contact the IRS in order to qualify.

For those who can't file by the July 15, 2020 deadline, everyone is eligible to request an additional extension to file their return. Individual taxpayers who need additional time to file beyond the July 15 deadline, to October 15, can request an extension by filing Form 4868 through their tax professional, tax software or using the Free File link on [IRS.gov](https://www.irs.gov).

Please note – the IRS is urging taxpayers who are owed refunds to file as quickly as possible. Filing electronically with direct deposit is the quickest way to get refunds.

This announcement comes following the President's emergency declaration pursuant to the Stafford Act, enacted in 1988. The Stafford Act is a federal law designed to bring an orderly and systematic means of federal natural disaster and emergency assistance for state and local governments in carrying out their responsibilities to aid citizens.

Note – this extension only applies to federal income tax returns. Although many states are electing to adopt the extended due dates, this does not automatically apply to state taxes. You should check with your individual state to determine the filing deadline. More information regarding state tax filings are available at <https://www.taxadmin.org/state-tax-agencies>

WHEN YOUR LIFE CHANGES BECAUSE OF

Marriage, birth of a child, adoption of a child, divorce, death, Medicare eligibility, or for a change of name or of your life insurance beneficiary. Please inform the Fund Office within 30 days of the event to protect your benefits. 1-201-569-8801.

A BRIEF HISTORY OF TAX DAY IN THE UNITED STATES

Federal income tax (as we know it today) was introduced with the passage of the Sixteenth Amendment to the United State Constitution by Congress in 1909, which was later ratified in 1913. It allows Congress to levy and collect taxes on incomes, from whatever sources derived, without apportionment among the several States, and without regard to any census or enumeration. The filing deadline for individuals was initially March 1 in 1913 (the first year of Federal income tax), was changed to March 15 in 1918 (Revenue Act of 1918), and changed again to April 15 in 1955. The Internal Revenue Code of 1954 established April 15 as the Tax Day we all know today. According to lawmakers, the new date was to allow an extra month to recover from holiday expenses, to spare the yearly ordeal of hearing clichés about the ides of March, and to allow extra time to cope with the new complexities of the code.



Seasonal allergies are around every corner

(continued from page 6)

When home remedies aren't enough, see your doctor

For many people, avoiding allergens and taking over-the-counter medications is enough to ease symptoms. But if your seasonal allergies are still bothersome, don't give up. A number of other treatments are available.

If you have bad seasonal allergies, your doctor may recommend that you have skin tests or blood tests to find out exactly what allergens trigger your symptoms. Testing can help determine what steps you need to take to avoid your specific triggers and identify which treatments are likely to work best for you.

For some people, allergy shots (allergen immunotherapy) can be a good option. Also known as desensitization, this treatment involves regular injections containing tiny amounts of the substances that cause your allergies. Over time, these injections reduce the immune system reaction that causes symptoms. For some allergies, treatment can be given as tablets under the tongue. ■



CHANGE OF ADDRESS FORM

To notify the Fund Office of a change in your address, please clearly print the information* requested and mail it to:
Eligibility Department, UFCW National Health and Welfare Fund, 66 Grand Avenue, Englewood, NJ 07631-3545**

Member's Name: (please print) _____

Member's SS # or ID Number: (from your health insurance card) _____

New Address: _____

City: _____ State: _____ Zip: _____

Effective date of new address: _____

Telephone number: (_____) _____ Please ☒ Home ☐ Cellular

Email Address: _____

Member's Signature: _____ Date signed: _____

*All information is confidential.

** You may email this form to eligibility@ufcwnationalfund.org or Fax to: 201-569-1085