



VOLUNTARY HOSPITALS
HOUSE STAFF
BENEFITS PLAN

LEGAL SERVICES



Committee of
Interns and
Residents
*SEIU*Healthcare.

Committee of Interns and Residents

VHHSBP LEGAL SERVICES (CIRLS)

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VHHSBP LEGAL SERVICES (CIRLS)

IMPORTANT NOTICE

This booklet describes the pre-paid legal services available to CIR members and their families covered by the Voluntary Hospitals House Staff Benefits Plan (the Plan or VHHSBP).

The Trustees reserve the right to change both the types and amounts of benefits available and the rules governing eligibility under CIRLS.

If you have any questions regarding these benefits, write to the Voluntary Hospitals House Staff Benefits Plan Manager at 520 Eighth Avenue, Suite 1200, New York, NY 10018. You will receive a written response. Do not rely on statements made orally or by individuals who are not Plan representatives.

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Dear Participant:

We are pleased to present this revised and updated booklet which describes the pre-paid legal services benefits available to you. The Voluntary Hospitals House Staff Benefits Plan (VHHSBP) of the Committee of Interns and Residents (CIRLS) has been assisting resident physicians and their families since January 1, 1980, providing access to a wide range of legal services free of charge.

CIRLS is financed by contributions from the hospital which employs you, in accordance with the terms of the contract negotiated between CIR and the hospital. The contributions received are administered by the VHHSBP Trustees. Because the Internal Revenue Service (IRS) regards these funds as income to CIRLS participants, a small sum will be reported each year on your W-2 form. (In 2012, that sum was \$108.00).

We hope that you and your family will find these benefits to be useful, not only because the financial burden of obtaining legal assistance is removed, but also because high-quality services are provided. We would appreciate hearing from you regarding CIRLS coverage and the quality of services so that we can better address your legal needs in the future.

Sincerely,



Harry Franklin
General Counsel

WHAT IS CIRLS?

The Committee of Interns and Residents VHHSBP Legal Services (CIRLS) is a pre-paid legal services benefit which provides services to resident physicians and qualifying family members on covered matters.

All covered matters are handled by CIRLS, through either its in-house legal staff or designated outside counsel, called “cooperating attorneys,” whom CIRLS has retained to help meet the legal needs of CIRLS participants. CIRLS attorneys are licensed to practice in the State of New York and/or in the State of New Jersey.

To minimize your legal costs and simultaneously ensure that CIRLS resources are available to all participants, CIRLS must adhere to the following guidelines:

- CIRLS will not pay, or reimburse you, for the services of an attorney whom you retain privately unless authorized in writing by CIRLS. In such cases, the amount of payment or reimbursement for the services of a privately retained attorney shall be determined solely by CIRLS.
- You are responsible for payment of any court or agency filing fees, mailing costs, and other expenses. CIRLS will pay for service of papers on your opponent in litigation and will also pay a limited sum for a private investigator should that become necessary in the course of representation. (See page 12.)
- If you intend to receive coverage under CIRLS, you must contact CIRLS first for referral to an attorney. This is true even if your private counsel is a CIRLS attorney. CIRLS retains the right to make the requisite referral.
- If you are referred to a CIRLS cooperating attorney, you agree and understand that your cooperating attorney may discuss your case with a CIRLS in-house lawyer to update CIRLS on the status of your case and to determine whether and what type of coverage should be provided under the legal services benefit.

HOW TO OBTAIN BENEFITS

To access legal services under CIRLS, you must complete a enrollment card, obtained from the Benefits Plan office, for yourself, and list your eligible dependents. Once you have done so:

1. Call (212) 356-8195.
2. Provide your name, hospital, residency program, social security number, address, and telephone number so that your eligibility can be verified.
3. Briefly describe your problem. (It is often helpful to refer to any relevant documents.)

If you are eligible for CIRLS coverage, your case will be referred to an attorney. Once you obtain advice from a CIRLS attorney, you are responsible for following up as advised.

If you are dissatisfied with the services of your attorney and wish to have CIRLS designate a different attorney, you must make your request in writing to the CIRLS General Counsel, who will determine whether such a change is warranted. You must state the reasons for your dissatisfaction in your written request. You can write to the General Counsel at:

VHHSBP
Attn: Harry Franklin
520 Eighth Avenue, Suite 1200
New York, NY 10018
cirls@cirseiu.org
Fax (212) 504-3057

Be sure to include your address, telephone, fax, and beeper numbers, and email address.

In those rare instances in which CIRLS authorizes legal services coverage but does not have an attorney available to provide assistance, you will be instructed to hire an attorney of your choosing. Once you provide proof that the attorney's fees for the covered matter have been paid, CIRLS will provide reimbursement up to the amount we pay cooperating attorneys for similar cases.

WHO IS ELIGIBLE FOR BENEFITS?

CIRLS Participants

If you are employed by a hospital that, as part of collective bargaining, has agreed to contribute to CIRLS, you become eligible for the benefits as a CIRLS participant on the day that you are placed on the hospital's payroll and continue to be eligible until the end of the month in which you cease to be on that hospital's payroll.

If litigation is pending when your eligibility ends, CIRLS will continue representing you for a maximum of 60 days. You are responsible for transitioning your case to private outside counsel or entering into a private retainer agreement with your CIRLS cooperating attorney if representation is still required beyond this 60-day period. Any other ongoing legal services will cease to be covered upon termination of your employment. CIRLS is not responsible for retaining another attorney for you after your coverage ends.

Eligible Family Members

If you are eligible for CIRLS, your spouse or your domestic partner may be eligible as well.¹ Your spouse is not eligible if you are legally separated. An eligible domestic partner is entitled to services only after registering as your domestic partner with the Plan.² Generally, your dependent children are eligible until their 19th birthday, or until their 23rd birthday if they attend school full-time. Your unmarried child 19 years of age or older continues to be eligible if totally disabled. Such coverage shall not terminate while the coverage remains in effect and the member is employed and the dependent remains in such condition and is chiefly dependent on the Participant for support and maintenance, if the Participant has, within 31 days of such dependent's attainment of the limiting age, submitted proof of such dependent's incapacity.

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1. CIRLS benefits are extended to same sex domestic partners of CIRLS participants. The Brooklyn Hospital Center, Hoboken University Medical Center, Maimonides Medical Center, St. John's Episcopal Hospital and St. Luke's - Roosevelt Hospital Center have extended coverage to both same sex and opposite sex domestic partnerships. Please consult with the VHHSBP office to determine whether your employer has extended coverage to opposite sex domestic partnerships.
 2. To register your domestic partner, contact the VHHSBP office at (212) 356-8180 for the necessary form and list of required documentation.

WHAT LEGAL SERVICES ARE COVERED?

Medical Licensure

- Consultation and, where appropriate, representation before the New York or New Jersey medical licensing board in connection with a CIRLS participant's application for a medical license.
- Consultation and, where appropriate, representation if a CIRLS participant is reported to, or investigated by, New York State or New Jersey in connection with a medical-incident report or because of alleged professional medical misconduct.

The coverage amount for medical licensure matters shall not exceed \$10,000. Legal fees in excess of \$10,000 shall be the responsibility of the Plan Participant.

Immigration

- Consultation regarding immigrant, non-immigrant, and visa-related issues, including J-1 waivers, political asylum and permanent residency applications.
- Consultation regarding citizenship applications.
- Representation on J-1 applications for CIRLS participants and J-2 applications for eligible family members.
- Representation on H-1B petitions for CIRLS participants for residency and fellowship employment at CIR hospitals and related H-4 applications for eligible family members. Representation is excluded on H-1B petitions for both post-residency (attending) employment and for residents who transfer their residencies to non-CIR hospitals or who move to fellowships at non-CIR hospitals unless the change to a non-CIR residency or fellowship is caused by a reduction in the size of a CIR program or the closure of a CIR program or hospital. Representation is excluded on H-1B petitions for moonlighting, per diem and seasonal employment. This does not exclude representation for residents transferring payrolls as part of a regular rotation.
- Representation on family-based permanent residency petitions where the participant or eligible family member is the beneficiary.
- Representation on diversity lottery cases where the participant or eligible family member is the beneficiary.
- Representation on applications for employment authorization where the participant or eligible family member is the beneficiary.

Landlord-Tenant Problems

- Consultation and, where appropriate, negotiation regarding tenancy issues.
- Review of leases and related documents.
- Defense, where there is a reasonable legal basis, against eviction proceedings.
- Consultation and, where appropriate, representation in actions to compel landlords to make repairs and provide adequate services.

A cooperative or condominium owner shall be provided the same range of legal services as tenants as long as the owner actually resides in that cooperative or condominium.

The coverage amount for landlord-tenant problems shall not exceed \$10,000. Legal fees in excess of \$10,000 shall be the responsibility of the Plan Participant or Eligible Family Member.

Family Matters

- Representation in uncontested divorce proceedings.
- Representation in adoption proceedings.
- Consultation and, where appropriate, representation in child support, child custody and visitation proceedings. However, representation will not be provided in child support, child custody and visitation proceedings that are ancillary to contested divorces.
- Fees for a mediator who mediates a dispute involving a contested divorce, or the custody, visitation or support of a child, and in which a CIRLS participant is a party to the dispute. Coverage of mediator fees shall not exceed \$2,000. Attorneys' fees for representation of a CIRLS participant or eligible family member in the mediation shall not be covered.
- Consultation and, where appropriate, representation in family offense proceedings.
- Preparation of separation agreements.
- Consultation and, where appropriate, representation for legal guardianship petitions for developmentally disabled children of CIRLS participants and eligible family members.

In the event that two CIRLS participants are involved as adversaries in the same controversy or proceeding, CIRLS will reimburse each participant up to \$1,500 for consultation and/or representation with an attorney of his or her choosing.

In the event that a CIRLS participant and his or her eligible family member are involved as adversaries in a controversy or proceeding, representation will be restricted to the CIRLS participant, unless he or she signs a written consent

declining representation and authorizing CIRLS to represent the family member instead.

The coverage amount for family matters shall not exceed \$10,000, unless the provided coverage is limited to less than \$10,000. Legal fees in excess of \$10,000 shall be the responsibility of the Plan Participant or Eligible Family Member.

Consumer Protection

- Consultation and, where appropriate, negotiation regarding problems arising from the purchase of goods and services.
- Consultation and preparation of the Statement of Claim for small claims proceedings.
- Defense, when there is a reasonable legal basis, against claims arising from the purchase of goods and services which exceed \$5,000.

The coverage amount for consumer protection matters shall not exceed \$10,000. Legal fees in excess of \$10,000 shall be the responsibility of the Plan Participant or Eligible Family Member.

Wills, Living Wills, and Powers of Attorney

- Preparation of simple wills and testamentary trusts in which the sole trust beneficiaries are minors at the time of the execution of the will.
- Preparation of living wills and health care proxies.
- Preparation of powers of attorney.

Estate Matters

- Consultation regarding the administration of the estate of a CIRLS participant or eligible family member who dies with or without leaving a will.

Bankruptcy and Debt Problems

- Consultation and, where appropriate, representation in personal bankruptcy proceedings.
- Consultation regarding debt problems arising from loans, installment contracts, or collection actions brought by creditors.
- Defense, where there is a reasonable legal basis, against claims exceeding \$5,000.

The coverage amount for bankruptcy and debt problems shall not exceed \$10,000. Legal fees in excess of \$10,000 shall be the responsibility of the Plan Participant or Eligible Family Member.

Credit Rating

- Consultation regarding inaccurate credit reports.

Name Changes

- Preparation and filing of court documents necessary to effect a legal change of name.

Criminal Matters

- For CIRLS participants facing impending or actual criminal charges related to acts allegedly committed at the health facility in which they work and related to their work as residents, representation by a CIRLS designated attorney is provided. This benefit includes pre-arraignment investigation of the charges, and representation at arraignment, and concludes at the completion of arraignment.
- For eligible family members, and for CIRLS participants for matters not covered above, a single consultation (cost not to exceed \$300) with a CIRLS-designated attorney regarding criminal charges that are filed, or are likely to be filed, against a CIRLS participant or eligible family member of a CIRLS participant is provided.

Unemployment Benefits

- Consultation regarding unemployment benefits and related issues for eligible family members.

Document Review

Review of written agreements pertaining to such matters as consumer purchases, loans, residential leases, insurance, and cohabitation.

Document review involves discussion and interpretation of documents. It does not, in itself, involve legal representation.

WHAT LEGAL EXPENSES ARE COVERED?

If CIRLS is handling your case, and it becomes necessary to hire someone to serve papers on the opposing party, CIRLS will pay the cost of doing so. In addition, CIRLS will pay up to \$300 for a private investigator's services, if necessary in a case that CIRLS is handling for you.

WHAT LEGAL SERVICES ARE EXCLUDED OR LIMITED?

Financial and legal considerations prevent CIRLS from handling all legal problems. Court representation is limited to the Bronx, Kings, Nassau, New York, Queens, Richmond and Westchester counties in New York and Bergen, Essex, Hudson, Middlesex, Morris, Passaic and Union counties in New Jersey. Cases arising outside of New York or New Jersey shall only be covered where appropriate.

In those rare instances in which CIRLS authorizes legal services coverage but does not have an attorney available to provide assistance, you will be instructed to hire an attorney of your choosing. Once you provide proof that the attorney's fees for the covered matter have been paid, CIRLS will provide reimbursement up to the amount we pay cooperating attorneys for similar cases.

Following are examples of excluded services:

1. Cases, such as personal injury claims, which commonly would be handled by a private attorney on a contingency fee basis.
2. Appeals from unfavorable court or administrative agency decisions.
3. Business, commercial, or professional matters, including review of professional employment or practice contracts.
4. Matters relating to the purchase or sale of real estate.
5. Personal injury and property damage matters arising out of the ownership, control, or use of a vehicle.
6. Disputes with or claims against CIR, House Staff Benefits Plan, Voluntary Hospitals House Staff Benefits Plan, a CIRLS cooperating attorney, or employers that contribute to HSBP or VHHSBP.
7. All income tax matters.
8. Any legal service not identified as a covered service on pages 8 - 11.
9. Under no circumstances will CIRLS cover cases which arise outside of the United States.

HOW TO APPEAL A DENIAL OF COVERAGE?

Authority of the Plan

The VHHSBP of CIR (the Plan) is a joint labor-management employee benefit trust fund, financed by contributions fixed by collective bargaining or other written agreements, and administered by an equal number of Trustees designated by the contributing employers and by CIR pursuant to an Agreement and Declaration of Trust, which may be amended from time to time. The Trust Agreement gives the Board of Trustees authority and discretion to determine benefits, and the Trustees have accordingly adopted a plan of benefits set forth and described by Summary Plan Description (SPD). Under the Trust Agreement and SPD, the Trustees may, in their discretion, revise, discontinue, improve, reduce, modify or make changes in the plan, the types and amounts of benefits provided, the coverage and eligibility provisions, conditions and rules, at any time. Any question of interpretation, construction, application or enforcement of the terms of the Plan and SPD, and all determinations on benefit claims and appeals are subject to the discretion of the Board of Trustees, whose determinations are final and binding.

Request for Review of Disputed Claims

If you have presented a claim for legal benefits under this SPD, you may file a request for review of its disposition or adverse benefit determination by appealing to the Board of Trustees of the Voluntary Hospitals House Staff Benefits Plan in writing, within 60 days after receiving written notice of the Plan's action. Send your appeal to the Board of Trustees of VHHSBP at the CIRLS Office, 520 Eighth Avenue, Suite 1200, New York, New York 10018 or email your appeal to cirls@cirseiu.org. You will be notified, in writing, of the decision of the Board of Trustees within 60 days of the date your request for review is received, unless there are special circumstances, in which case you will be so notified and then notified of the decision within 120 days.

Additional Information

If additional information is needed, it will be requested by VHHSBP, and the failure to timely provide the information may require the denial of the claim or appeal.

Finality

In deciding claims, the Board of Trustees has broad discretion to interpret and apply the terms of this SPD. The determination of the Plan will be final and binding if an objection or request for review is not timely filed. The decision of the Board of Trustees will be final and binding on any appeal timely presented to it. The Claimant has the right to bring a civil action under Section 502(a) of the Employee Retirement Income Security Act following an adverse benefit determination on review.

Notification and Right to Comment and to Information

Upon any adverse benefit determination, VHHSBP will notify the Claimant of this Claims Review and Appeal Procedure and its time limits. A Claimant may review pertinent documents and submit written issues and comments, records or other information relating to the claim. A Claimant shall be provided, upon request and free of charge, reasonable access to and copies of all documents, records and other information relevant to the claim. All comments, documents, records, and other information submitted by the Claimant will be taken into account at any stage of the Claims Review and Appeals Procedure and process.

If an internal rule, guideline, protocol, or other similar criterion was relied on in making the adverse benefit determination, such will be stated and a copy will be provided upon request.

STATEMENT OF RIGHTS UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT (ERISA)

As a participant in the VHHSBP of CIR, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all plan participants shall be entitled to:

Receive Information About Your Plan and Benefits

Examine, without charge, at the plan administrator's office and at other specified locations, such as worksites and union halls, all documents governing the plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Pension and Welfare Benefit Administration.

Obtain, upon written request to the plan administrator, copies of documents governing the operation of the plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The administrator can request a reasonable charge for the copies.

Receive a summary of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this summary annual report.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your plan, called "fiduciaries" of the plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have the right to know the reason, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the plan administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator.

If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court. In addition, if you disagree with the plan's decision, or lack thereof, concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in Federal court. If it should happen that plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance with Your Questions

If you have any questions about your plan, you should contact the plan administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office of the Pension and Welfare Benefits Administration, U.S. Department of Labor, listed in your telephone directory, or Pension and Welfare Benefits Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Pension and Welfare Benefits Administration.