

**SOUND HEALTH & WELLNESS TRUST**  
 PO Box 2265  
 Seattle, WA 98111-2265

201612210163



**Electronic Service Requested**

**For Customer Service:**  
**(800)225-7620**  
**(206)282-4500**

5830 0.7130 AB 0.396  
 ALL FOR AADC 980  
  
 64

RECEIVED DATE:	12/19/2016
PROCESSED DATE:	12/20/2016

ENV 5830

**Explanation of Benefits - Please retain a copy for your records.**

<b>Participant:</b>		<b>Patient Name:</b>				<b>Pat Acct No:</b>				
<b>Plan No:</b> U013		<b>Relationship:</b> PARTICIPANT				<b>Claim No:</b>				
<b>Plan Name:</b> Sound Health & Wellness Trust		<b>Provider:</b> N Provider Tin								
Service Dates	Service Type	Charge Amount	Network Discount	Not Covered	Deductible	HRA Paid	Balance Considered	Paid At	Medical Paid	Remark Code
12/18/16-12/18/16	LW100	43.89	0.00	.00	0.00	0.00	43.89	100%	43.89	LWFIT1
12/18/16-12/18/16	FICA	3.64	0.00	.00	0.00	0.00	0.00		0.00	SHFICA
<b>Totals:</b>		47.53	0.00	.00	0.00	0.00	43.89		43.89	

**Current Year HRA Balance: .00      Prior Year HRA Balance: .00      Patient Responsibility: .00**

HRA Payment:	Total Pay:	Paid to:	Check Date	Check Number
	43.89		20161219	

**Remarks**

LWFIT1      Congratulations and thank you for participating in LiveWell Fit offered by the Sound Health & Wellness Trust! The Regional Wellness Coordinators are thrilled you took this opportunity to stay active.  
 SHFICA      Sound Health Incentive FICA withholding.

If you feel that your benefit has been reduced or denied in error you may request additional information on: 1) plan provisions; 2) the reasons for the denial; 3) and any information required to resolve the claim.

If you have any questions regarding your benefits, the payments, or the determination of your claims you may refer to your plan document, summary plan description, or contact our office at: (800)225-7620.

If you disagree with this determination, you may request a review (appeal) by the Plan Administrator. Appeals may also be requested by someone who is authorized to act on your behalf. Your appeal should be in writing and clearly state: your name, address, plan name, plan address, and date of service. Your appeal may include any comments, documents, records or other information related to your claim.

If the payment of your claim has been denied in part or in full, you have rights under the plan and federal law. You will have a reasonable opportunity to appeal and a full and fair review of any adverse benefit decision. Your appeal will be reviewed without regard to the initial decision. Your appeal will take into account all relevant comments, records, or other information submitted by you. The Plan Office will provide access to any documents, records, and other information that are related to this claim decision. Free copies are available upon request.

Your written appeal must be sent to the Board of Trustees within 180 days after you receive this notice. Appeals will generally be decided during the next scheduled Appeals meeting (which occur at least quarterly). However, if your appeal is received within 30 days of the next scheduled Appeals meeting then the decision may be delayed until the following meeting. The Board of Trustees may delay the decision, for special circumstances, in which case you will be notified of the delay, the special circumstances, any action required by you, and the date when the Trustees expect to make the determination. When the Board of Trustees has made a determination on your appeal, you will be notified of the decision within 5 days.


After you have exhausted all options under the plan's appeal procedures, or if the Plan Administrator fails to follow its appeal procedures, you will have the right to initiate a lawsuit under ERISA Section 502(a). Additional information about the plan's appeal procedures may be found in the Summary Plan Description.

\*\*\* For questions about your rights, this notice, or for assistance, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272). Additionally, a consumer assistance program may be able to assist you at: Washington Consumer Assistance Program | 5000 Capitol Blvd | Tumwater, WA 98501 | (800) 562-6900 | <http://www.insurance.wa.gov> | [cap@oic.wa.gov](mailto:cap@oic.wa.gov)

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201 Queen Anne Ave N, Suite 100  
Seattle, WA 98109  
(206)282-4500 Toll Free: (800)225-7620

11-24  
1210

**CHECK NO.:**  
**CHECK DATE: 12/20/2016**

**AMOUNT**  
**\$\*\*\*\*\*43.89**

**PAY Forty Three & 89/100 Dollars**

**TO THE ORDER OF:**

Wells Fargo Bank, N.A.  
999 Third Ave., 12th Floor  
Seattle, WA 98104

Voucher Number: 001809  
Provider Tax ID: NOT000000

**VOID AFTER 180 DAYS**

*Archie J. Schultz*  
**VOID**