

LOVE CANAL MEDICAL FUND

2000 Was A Productive Year

This has been an exciting year for the Love Canal Medical Fund. Here are a few of the things we've accomplished.

- Paid out more benefits this year than in any previous year.
- Expanded our coverage to further assist beneficiaries with their health care costs that were reasonably associated with living at Love Canal.
- Expanded our outreach efforts which has aided beneficiaries in having a better understanding of the variety of medical coverage the fund offers and how to submit a claim for benefits.

This outreach effort has also helped the Fund keep track of beneficiaries and of changes in names and addresses when people marry or move. This information is essential in keeping our files up-to-date so that the fund can communicate new benefits and updates to everyone, especially to the "children" of Love Canal who move frequently.



We Are Developing A New Web Page

The Fund is developing a new web page which will include a copy of the Love Canal Medical Fund Benefits Plan, the Annual Report, previous bulletins, copies of the medical and physical claim forms that can be downloaded for use by beneficiaries, as well as other information. We'll send you the address in the next bulletin.

Communications

Communication with beneficiaries is vitally important to the Fund. If we don't know what you need, if you don't tell us about any confusion you may have with the Benefits Plan, then we are not able to change or clarify the program to help you. *The Fund needs to hear from you.*

There are three ways you can communicate with us: using e-mail, the telephone, or the U.S. postal system. Use the method you prefer.

Our e-mail address is lcmf@adelphia.net and our phone number is 716-773-6578. The mailing address is on the other side of this bulletin. If you have a question, need forms or more information, just write us a short note. Be sure to include your full name and street address if you ask the Fund to mail information to you.

Your Post Card

Enclosed is a post card that you can use to:

1. Send a change of name or address.
2. Request additional claim forms for medical or physical exams.
3. Ask a question of the Fund Board

If you move, the post office forwards mail automatically only for 30 days. Even if you request that they forward your mail for a longer period, it's still done only for a short period of time.

We don't want to lose track of you.

You're important to the Fund and we hope the Fund is important to you. Please use this card if you move. If you have children who are beneficiaries, who are in college or if they just move frequently, please let us know where they are so they can be informed about the Fund and any changes in the Benefits Plan.



You can call the fund at 716-773-6578. The fund has no full time staff to answer the phone but you can leave a message. Because there is no full time person to answer your question please leave your name, address and phone number with your message so that we can get back to you with a response. *Please try to speak clearly and repeat the address and phone number.*

For more information, please write to:

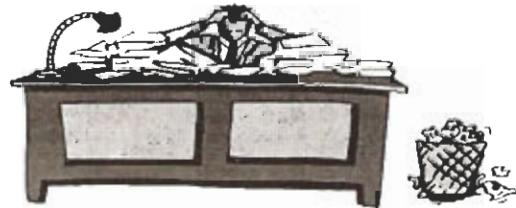


Love Canal Medical Fund
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The Fund will be sending you a survey in our next bulletin. Please think about how we might change the process or consider diseases that the Fund might cover in the coming years.

Spring is almost here and it's a good time to think about keeping healthy and in shape. Spring into action and schedule a visit to your physician for a yearly checkup, even if you're feeling fine. And it won't cost you much, or maybe nothing! A yearly physical can aid in keeping you healthy. Start your spring and summer seasons off right—schedule your checkup today.

The Love Canal Medical Fund will reimburse you up to \$250 for an annual physical exam, with no deductible.



Taxes—April 15th

While you're organizing your papers for tax purposes, be sure to review your medical expenses for the year and pull out any expenses that you think reasonably might be associated with exposure to chemicals from Love Canal. Get a copy of the claim form and send these expenses to us. If you're not sure whether an expense is covered, just send us a copy of your medical bill and we'll let you know if it is.

Enclosed is important information for beneficiaries.

- ⇒ **Medical claim form for medical and prescription expenses**
- ⇒ **Yearly physical exam claim form**
- ⇒ **Post card for change of name or address, for questions you need answered, or to request additional claim forms from the Fund.**