



**OFFICE OF THE COUNTY EXECUTIVE  
ALL-EMPLOYEES MEMORANDUM**

**DATE:** December 15<sup>th</sup>, 2016

**ALL-EMPLOYEE MEMORANDUM**

**EMPLOYEE MEDICAL HEALTH PLAN  
OF SUFFOLK COUNTY (EMHP)**

**Notice Informing Individuals About Nondiscrimination and Accessibility  
Requirements and Sample Nondiscrimination Statement:  
Discrimination is Against the Law**

**Suffolk County and its Employee Medical Health Plan [EMHP]** complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. **Suffolk County and its Employee Medical Health Plan [EMHP]** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

**Suffolk County and its Employee Medical Health Plan [EMHP]:**

- 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)
- 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 Margaret Ann DeMarzo, EMHP Civil Rights Coordinator.

If you believe that **Suffolk County and its Employee Medical Health Plan [EMHP]** 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: Margaret Ann DeMarzo, EMHP Civil Rights Coordinator,

via mail at Employee Benefits Unit, Suffolk County Department of Civil Service/Human Resources, P.O. Box 6100, Hauppauge, NY 11788-0099, 1-631-853-4866, [TTY number—1-631-853-5658], or via Fax at 1-631-853-6396, or via email to [ebu@suffolkcountyny.gov](mailto:ebu@suffolkcountyny.gov) . You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Margaret Ann DeMarzo, EMHP 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>.



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**Dennis M. Cohen**  
Chief Deputy County Executive

Distribution:

One copy per employee/retiree

ATTENTION: If you speak Spanish [Española], language assistance services, free of charge, are available to you. Call 1-631-853-5172 (TTY: 1-631-853-5658).

**Spanish**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-631-853-5172 (TTY: 1-631-853-5658).

**Chinese**

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 1-631-853-5172 (TTY：1-631-853-5658)

**Russian**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-631-853-5172 - (телетайп: 1-631-853-5658).

**French Creol**

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-631-853-5172 (TTY: 1-631-853-5658).

### Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-631-853-5172 (TTY: 1-631-853-5658)번으로 전화해 주십시오.

### Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-631-853-5172 (TTY: 1-631-853-5658).

### Yiddish

רופט אפצאל פון פריי סערוויסעס הילף שפראך אייך פאר פארהאן זענען, אידיש רעדט איר אויב: אויפמערקזאם 1-631-853-5172 (TTY: 1-631-853-5658)

### Bengali

লক্ষ্য করন: যিদ আপিন বাংলা, কথা বলেত পোেরন, তাহেল িন:খরচায় ভাষা সহায়তা পিরেষবা উপলক্ষ্য জোছ। েফান করন 1-631-853-5172 (TTY: 1-631-853-5658)

### Polish

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1- 631-853-5172 (TTY: 1-631-853-5658).

### Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-631-853-5172 (رقم هاتف الصم والبكم: 1-631-853-5658).

### French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-631-853-5172 (ATS : 1-631-853-5658).

### Urdu

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-631-853-5172 (TTY: 1-631-853-5658)۔

### Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1- 631-853-5172 (TTY: 1-631-853-5658).

### Greek

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-631-853-5172 (TTY: 1-631-853-5658).

**Albanian**

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-631-853-5172 (TTY: 1-631-853-5658).



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**Dennis M. Cohen**  
**Chief Deputy County Executive**

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