



AFTRA Health & Retirement Funds

# 2010 Earnings Discrepancy Form

If you believe that covered earnings are missing from your Earnings Statement or that the earnings or other information reported on your behalf are inaccurate, notify AFTRA H&R by completing and returning this form **no later than August 31, 2011**. Please provide all required documentation in accordance with the enclosed Policies for Covered Earnings Inquiries brochure and the instructions printed on the reverse side of this form.

Name: \_\_\_\_\_ H&R Funds Number: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Performance Date(s)	Employer Name	Payor Name	Product / Show Name / Commercial, etc.	Earnings Amount
	Description			
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\*\*\*\*\*attach additional sheets if necessary\*\*\*\*\*

This form can be found by visiting the Forms section of [www.aftrahr.com](http://www.aftrahr.com) (Forms/General forms) or by calling AFTRA H&R Contribution Services at (800) 562-4690. The Policies for Covered Earnings Inquiries brochure is also available at [www.aftrahr.com](http://www.aftrahr.com) (News and updates/brochures).

Please return all required documentation along with the form to:

**AFTRA HEALTH & RETIREMENT FUNDS  
ATTN: CONTRIBUTION SERVICES  
261 MADISON AVENUE, 7TH FLOOR  
NEW YORK, NY 10016-2312**

**Fax: (212) 499-4973**

**E-mail: [earnings@aftrahr.com](mailto:earnings@aftrahr.com)**