

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. **Please provide all required documentation in accordance with the Policy for Required Documentation for Covered Earnings Inquiry 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 (Forms/General forms) or by calling AFTRA H&R Contribution Services at (800) 562-4690. The Policy for Required Documentation for Covered Earnings Inquiry brochure is also available at 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