



AFTRA Health & Retirement Funds

# 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 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			
Performance Date(s)	Employer Name	Payor Name	Product / Show Name / Commercial, etc.	Earnings Amount
	Description			
Performance Date(s)	Employer Name	Payor Name	Product / Show Name / Commercial, etc.	Earnings Amount
	Description			
Performance Date(s)	Employer Name	Payor Name	Product / Show Name / Commercial, etc.	Earnings Amount
	Description			
Performance Date(s)	Employer Name	Payor Name	Product / Show Name / Commercial, etc.	Earnings Amount
	Description			

\*\*\*\*\*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)**