

July 2011

## New premium invoicing system brings improvements, other changes to qualification and billing processes

The implementation of AFTRA H&R's new Health Plan premium invoicing system will be completed later this summer. Following this implementation, performers who qualify for or currently participate in the Health Plan will notice some changes to AFTRA H&R's qualification and billing processes, including redesigned invoices and a new mailing address for premiums. If you have questions about any of these changes outlined in this *Update*, contact Participant Services at (800) 562-4690.

### Initial notices of qualification sent separately from premium invoices

Initial notices of qualification and enrollment materials will be sent to performers who are newly qualified for the Health Plan. However, the practice of including premium invoices with the enrollment materials is being discontinued. If you are a newly qualified performer and you receive an enrollment packet, you must complete and return the enclosed Performer Enrollment Form, along with any required documentation, so that AFTRA H&R receives it within 30 days of the date on the qualification letter. After AFTRA H&R receives, accepts and processes your Performer Enrollment Form, you will be mailed an invoice for the first quarterly premium. The change in process will eliminate unnecessary invoice mailings to qualified performers who do not want to participate in the Health Plan, and it allows AFTRA H&R staff to customize initial invoices to reflect each performer's qualified dependents.

### Premium payment mailing address change

Effective Aug. 1, participants should use the following new mailing address for the payment of Health Plan premiums: AFTRA Health Fund, P.O. Box 5034, New York, NY 10087-5034. This new address will be printed on the invoice return coupon included with the first invoices mailed after Aug. 1.

If you recently mailed a premium payment to the old payment address for an invoice with an August due date, please note that you do not need to resend your payment to the new address; AFTRA H&R will receive payments sent to either address during the first few weeks after the Aug. 1 transition.

A printed stuffer will be included with the first invoices produced under the new process to remind you that if you use an automatic bill payment service from a bank or another financial institution to pay your premium, you must notify that institution of the new payment address immediately to ensure timely crediting of your premium payments. Please note that if you use an automatic bill payment service, you must also alert your bank or financial institution to include the Account No. (which will be printed on your first Health Plan premium invoice after Aug. 1) in the "Memo" field of each premium payment check.

### Use automatic bill payment? Notify your bank of new payment address.

If a bank or other financial institution makes regular automatic payments to the AFTRA Health Fund on your behalf, be sure to notify your financial institution of our new mailing address for premium payments: AFTRA Health Fund, P.O. Box 5034, New York, NY 10087-5034. Also, make sure to instruct your financial institution to include the Account No. (see above) on each premium payment check, and always notify your financial institution about any changes in your premium amount, whether as a result of changes in the coverage status of you or your dependents, or general premium rate increases approved by the Trustees. For current premium amounts, visit [www.aftrahr.com](http://www.aftrahr.com) ("Health Fund" | "Premiums").

Please review the sample premium invoice on the opposite page. For invoice fields identified by callout numbers, refer to the corresponding definitions listed below:

1. **H&R Funds No.** – A unique identification number which is assigned to registered performers by AFTRA H&R. If you wish to pay your Health Plan premium online at [www.aftrahr.com](http://www.aftrahr.com) (“Pay premiums”), you must provide your H&R Funds No. and other identifying information.
2. **Account No.** – An identifying number that helps ensure that your mailed premium payment is processed correctly upon receipt. If you use an automatic bill payment service from your bank or financial institution to pay your premium, you must alert the service provider to include the Account No. – as printed on your Health Plan premium invoice – in the “Memo” field of each premium payment check. (You must also notify your service provider about the new Premium Payment Mailing Address.)
3. **Invoice Date** – The date the invoice was produced.
4. **Due Date** – The date that payment of the Amount Due must be received by AFTRA H&R.
5. **Amount Due** – The Amount Due will include the total premium due for the current coverage period noted in the From and To fields, plus any previous balance that may be noted in the Balance Forward field. Note that you must pay the Amount Due in-full and on time to ensure uninterrupted coverage.
6. **Participant Address** – The mailing address that AFTRA H&R currently has on file for you. If your mailing address has changed or will change, notify AFTRA H&R immediately; visit [www.aftrahr.com](http://www.aftrahr.com) to download a Performer Address Change Form (refer to completion and mailing instructions on the form) or contact Participant Services at (800) 562-4690.
7. **Coverage** – The type of coverage that you have under the AFTRA Health Plan (e.g. Standard, COBRA – Participant, Senior Citizen, Early Retiree, etc.).
8. **Insured** – An identifier that represents the premium category based on the plan for which you qualify and the number of covered individuals (e.g. Individual, Family, etc.).
9. **From / To** – Dates which represent the coverage period. In this example, the premium amount due is for coverage for the fourth quarter of 2011 (From Oct. 1, 2011 To Dec. 31, 2011).
10. **Premium Payment Mailing Address** – The mailing address for the payment of Health Plan premiums. This new premium payment mailing address must be used for all new format invoices issued after Aug. 1, 2011. If you use an automatic bill payment service from a bank or another financial institution to pay your premium, you must notify that service provider about this new payment address (along with the Account No. printed on the invoice) immediately to ensure timely crediting of your premium payments.



AFTRA Health & Retirement Funds

AFTRA Health Fund  
Premium Invoice

If you have any questions, please contact  
Participant Services at (800) 562-4690 or visit  
[www.aftrahr.com](http://www.aftrahr.com)

JOHN Q PARTICIPANT  
261 MADISON AVENUE  
WEST NYACK, NY 10994

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H&R FUNDS NO:	002009876
ACCOUNT NO:	076980000
INVOICE DATE:	08/25/2011
DUE DATE:	09/25/2011
AMOUNT DUE:	\$363.00

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**PREMIUM INVOICE**

*KEEP THIS PORTION FOR YOUR RECORDS*

COVERAGE	INSURED	FROM	TO	PREMIUM
STANDARD	INDIVIDUAL	10/01/2011	12/31/2011	\$363.00
<b>TOTAL THIS PERIOD</b>				\$363.00
<b>BALANCE FORWARD</b>				\$0.00
<b>TOTAL AMOUNT DUE</b>				\$363.00

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Make sure AFTRA H&R always has your current mailing address and is notified in writing within 30 days after you acquire a new dependent. Visit [www.aftrahr.com](http://www.aftrahr.com) to download AFTRA H&R forms (e.g., Performer Address Change Form, Dependent Change Form) or contact Participant Services at (800) 562-4690.

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Tear Here

RETURN THIS PORTION WITH YOUR PAYMENT

Tear Here



AFTRA Health & Retirement Funds

NAME: JOHN Q PARTICIPANT

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H&R FUNDS NO:	002009876
ACCOUNT NO:	076980000
INVOICE DATE:	08/25/2011
DUE DATE:	09/25/2011
AMOUNT DUE:	\$363.00

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Mail To: AFTRA Health Fund Premium  
P.O.Box 5034  
New York, NY 10087-5034

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Make checks payable to the AFTRA Health Fund.  
To pay your premium using a credit or debit card,  
visit [www.aftrahr.com](http://www.aftrahr.com) (Pay Premiums).

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## Only one invoice per calendar quarter will be mailed

Participants will be mailed only one quarterly invoice (typically about 35 days before the start of each quarter) which will indicate the premium due date (30 days from the invoice's mailing date). Please note, however, that premiums must be paid in full before the start of each new quarter to continue your coverage, even if you do not receive an invoice from AFTRA H&R. Under the new process, quarterly premium payments will be due approximately 10 days later than under the previous process, meaning that the invoice due date will now be closer to the effective date of coverage.

It is your responsibility to ensure that the quarterly premium is paid in full by the due date. As a reminder, most participants have the option to pay their current Health Plan quarterly premium invoices online until the due date at [www.aftrahr.com](http://www.aftrahr.com) ("Pay premiums"). There is no grace period, and so if your premium payment is not received in full before the first day of a new quarter, then your coverage will terminate. However, if your premium payment is received late, but within 30 days after the due date, then your coverage will be retroactively reinstated. If your premium payment is not received by the end of the 30-day late payment period, then your coverage will remain terminated, and you will not be allowed to re-enroll in the Plan until the start of the next four-quarter coverage period for which you qualify based upon covered earnings.

It is important to note that reminder letters will no longer be mailed before the invoice due date. In a comprehensive review of the billing processes leading up to the implementation of the new invoicing system, AFTRA H&R concluded that the reminder letters can cause unnecessary confusion for the vast majority of participants who pay their premiums on time. However, approximately three weeks before the start of each quarter, an e-mail announcement about the approaching quarterly regular premium due date will be sent to those who have previously paid their Health Plan premium online and to those who have signed up to receive updates at [www.aftrahr.com](http://www.aftrahr.com). Providing your e-mail address to AFTRA H&R is a convenient way to receive these announcements and other important information.

If your Health Plan premiums are paid by an employer (for example, if you are covered as station staff), your employer will no longer receive separate individual invoices. Instead, each employer will receive a group invoice for all of its employees who are covered under the Plan.

## COBRA invoices mailed monthly, and premiums must be paid by the due date

Health Plan participants with continuation coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA) will receive monthly Health Plan premium invoices beginning with the premium due for the month of October. (The October invoice will mail in September.) Previously, those covered under COBRA did not receive invoices. COBRA premiums must be paid in full prior to the first day of the month for which the payment applies to continue your coverage, even if you do not receive an invoice from AFTRA H&R.

Each invoice will indicate the premium due date, and continuation coverage will be terminated if the required premium is not paid in full by the due date. If your premium payment is received late but within 30 days after the due date, however, the coverage will be retroactively reinstated. If you fail to pay your monthly premium before the end of the late payment period for that month, you will lose all rights to continuation coverage under the Plan, and once continuation coverage is lost, it cannot be reinstated. Please also note that premiums for COBRA coverage cannot be paid online at [www.aftrahr.com](http://www.aftrahr.com); they must be paid by check and mailed to: AFTRA Health Fund, P.O. Box 5034, New York, NY 10087-5034.

If you have questions, contact Participant Services at (800) 562-4690.

## Does AFTRA H&R have your current mailing address?

AFTRA H&R regularly mails performers important information about their benefits. To notify AFTRA H&R when you move or change business representatives, submit a completed Performer Address Change Form, which is available at [www.aftrahr.com](http://www.aftrahr.com) ("Forms" | "General forms").