

AFTRA Health & Retirement Funds

Main Office: 261 Madison Ave., New York, NY 10016-2495 • 1-800-562-4690 • Phone (212) 499-4800 • Fax (212) 499-4925
www.aftrahr.com

PERFORMER REGISTRATION FORM

Please complete this performer registration form so that the Funds can notify you in the event that you qualify for AFTRA Health and/or Retirement Fund benefits and provide you with updates and information concerning the Funds. For information about the benefits available through the Health and Retirement Funds and how to qualify, visit our website at www.aftrahr.com or call Participant Services at 1-800-562-4690. **This registration form is used for informational and recordkeeping purposes only. Your receipt or completion of this form does not mean that you are entitled to benefits from the AFTRA Funds.** All protected health information received by the Health Fund is safeguarded in compliance with applicable privacy laws.

Please print all information.

Social Security Number	Alternate Tax ID# (if applicable)	Gender	Date of Birth

Legal Name

Last	First	Middle

Professional Name (if different from Legal Name)

Last	First	Middle

If you entered a Legal Name and a Professional Name, please indicate which name you want the Funds to use for business purposes (i.e., earnings statements, correspondence, benefit notices, etc.) by checking the appropriate box above (Note: If neither box is checked, we will use your Legal Name).

Mailing Address (Please check one): Primary Residence Representative's Office

Number and Street	Apt/Unit/Suite	Floor
City	State	Zip Code
Area Code and Telephone Number	Email Address	

If you entered the Mailing Address for your representative (i.e., agent, business manager, attorney, etc.), please provide the representative's full name below.

Representative's Name

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I certify that all the information provided on this document is accurate and complete.

Performer Signature	Date