

PERFORMER ADDRESS CHANGE FORM

Please include your name and either your Social Security No. or AFTRA H&R Funds No. and then complete the address information in the spaces below.

Full Name _____ Social Security No. or H&R Funds No. _____

GENERAL CORRESPONDENCE ADDRESS

Primary Residence Representative's Office

No. and Street _____ Apt/Unit/Suite/Floor _____

City _____ State _____ Zip Code _____

Area Code and Telephone No. _____ E-mail Address _____

If you checked Representative's Office (i.e., agent, business manager, attorney, etc.) then enter:

Representative's Name _____

Representative's Company Name (if applicable) _____

Unless you request otherwise, all correspondence will be sent to the address you indicated above. If you want correspondence regarding health or retirement benefits to go to a different address, please complete the section below.

ALTERNATE CORRESPONDENCE ADDRESS (if different from General Correspondence Address)

I instruct AFTRA H&R to send the following types of correspondence
(check all that apply) to the address below: Health Benefits Retirement Benefits

Primary Residence Representative's Office

No. and Street _____ Apt/Unit/Suite/Floor _____

City _____ State _____ Zip Code _____

Area Code and Telephone No. _____ E-mail Address _____

If you checked Representative's Office (i.e., agent, business manager, attorney, etc.) then enter:

Representative's Name _____

Representative's Company Name (if applicable) _____

Performer Signature _____ Date _____

This form is a confidential legal document. AFTRA H&R is committed to maintaining and protecting the privacy of the personal information you provide as required by federal law. Please sign and fax this completed form to 212-499-4973 or mail it to:

AFTRA Health & Retirement Funds
Attention: Contribution Services
261 Madison Avenue, 8th Floor
New York, NY 10016

For a copy of AFTRA H&R's Notice of Privacy Practices or for information about your benefits, visit www.aftrahr.com.

**AFTRA H&R is a separate organization from AFTRA.
You must submit a separate address change document to the union.**

*Note: You must submit a completed HIPAA Authorization Form to authorize a representative to receive information about benefits and other protected health information on your behalf. The HIPAA Authorization Form may be downloaded at www.aftrahr.com ("Forms" | "Health forms").