

# AFTRA Health & Retirement Funds

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## AFTRA Retirement Fund Health Fund Premium Deduction Form

If you are receiving monthly payments of your retirement benefits from the AFTRA Retirement Plan, you can direct that Health Fund premiums be withheld from your monthly pension check. In this way, you will not have to write a check or remember the premium due dates.

The monthly Health Fund premium amount is based on your qualification for the **Senior Citizen Program** or **Active Coverage** under the **Family Plan** or **Individual Plan**. Please note that your monthly pension check must be sufficient to cover the entire monthly amount that you owe for your and your dependent(s) coverage. You cannot make up the difference with a separate check. If you do not have sufficient funds in your pension check to cover the premium amount, your request for a premium deduction will be denied and you will be sent a new invoice. If you wish to commence premium deductions from your monthly pension check, please complete the section below and return it to:

AFTRA Health Fund  
Premium Processing Department  
261 Madison Avenue  
New York, NY 10016

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I elect to have the AFTRA Retirement Plan make the appropriate monthly deductions from my monthly pension payment and apply those deductions towards my Health Fund premium. The deductions will begin the month following the month this form is received or as soon as administratively possible. I understand that by signing this Health Fund Premium Form and returning it to the AFTRA Retirement Plan that this document is voluntary and revocable.

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Participant Name (please print)

Participant SSN

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Participant Signature

Date