

# EARNINGS DISCREPANCY FORM

If you believe that AFTRA-covered earnings are missing from your annual Earnings Statement or that the earnings or other information reported on your behalf are inaccurate, notify the AFTRA Retirement Fund by completing and returning this form. **Please provide all required documentation in accordance with the *Policies for Covered Earnings Inquiries* brochure** available at [www.aftraretirement.org](http://www.aftraretirement.org) ("News and updates" | "Brochures") and return this form in accordance with the instructions printed on the reverse side.

Name: \_\_\_\_\_ AFTRA Retirement Fund No. (formerly H&R Funds No.): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Performance Date(s)	Employer Name	Payor Name	Product / Show Name / Commercial, etc.	Earnings Amount
	Description			
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This form can be found by visiting the Forms section of [www.aftraretirement.org](http://www.aftraretirement.org) ("Forms"|"General forms")

The *Policies for Covered Earnings Inquiries* brochure is available at [www.aftraretirement.org](http://www.aftraretirement.org) ("News and updates"|"Brochures")

Both forms can also be obtained by calling the AFTRA Retirement Fund's Participant Services at (800) 562-4690

Please return all required documentation along with this form to:

AFTRA RETIREMENT FUND  
ATTN: OPERATIONS DEPARTMENT  
261 MADISON AVENUE, 7TH FLOOR  
NEW YORK, NY 10016-2309

Fax: (212) 499-4973

E-mail: [earnings@aftraretirement.org](mailto:earnings@aftraretirement.org)