

Premium Payment Election Form

Please choose one of the payment options below and return this completed and signed form to the mailing address above with your U.S. check or money order, payable to the SAG-AFTRA Health Plan.

Making your first payment by check or money order, regardless of your election below for subsequent payments, will ensure you are covered while your election form is processed.

- Monthly pension benefit deduction** – This option allows the AFTRA Retirement Plan or the SAG-Producers Pension Plan to deduct automatically the senior performers premium from your monthly pension benefit. To elect this option, your monthly pension amount must be equal to or greater than the monthly senior performers Plan premium. Your monthly pension benefit will be reduced by the amount of your monthly Plan premium.

AFTRA Retirement Fund

SAG-Producers Pension Plan

- Automatic premium payment** – Every month your Plan premium will be automatically deducted from your U.S. checking or savings account. Sign up online in your Benefits Manager at www.sagafttraplans.org/health or by completing the enclosed enrollment form.

- Quarterly billing** – A billing coupon is enclosed. Simply return your premium with the coupon or pay your premium online in your Benefits Manager at www.sagafttraplans.org/health by the due date. You will receive quarterly billing coupons for future payments.

Participant name (print)

Participant Social Security or HCID number

Participant signature

Date

Please allow us at least three weeks to process the information on this form. If you have questions, please call us at (800) 777-4013.