

PHILADELPHIA FEDERATION OF TEACHERS
HEALTH AND WELFARE FUND
RETIREE PRESCRIPTION PLAN
RE-ENROLLMENT NOTIFICATION
www.pfthw.org

Dear Retiree:

In order to continue enrollment in the PFT Health and Welfare Retiree Prescription Program for the six-month period commencing March 1, 2021, please complete this form and enclose a check in the amount of **\$504.00**, payable to the PFT Health and Welfare Fund. Mail form and payment to: PFT Health and Welfare Fund 1816 Chestnut Street Philadelphia, PA 19103.

In order to ensure that your benefits continue without interruption, this form and your payment in the amount of **\$504.00** must be received by the Fund on or prior to **January 20, 2021**.

Reminder: if you use your bank's bill payer function, be sure the amount is \$504.00.

We are pleased to inform you that the Fund now has the ability to accept payments online.

Simply visit our website at www.pfthw.org, click on 'Retirement' and then 'Pay for your Retiree Prescription Plan'.

In solidarity,

ARTHUR G. STEINBERG
Chief Trustee

Last Name, First Name, Middle Initial

XXX-XX-_____
Social Security Number

- -_____
Telephone Number

***If your address has changed within the past six months, please complete the following:**

Street Address

Apartment Number or second line of address, if applicable

City State Zip Code

Note: If you are under age 65 and become eligible for Medicare, you must notify the Fund immediately and send in a copy of your Medicare card IF you have not yet done so.