

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

May, 2021

Dear Retiree:

In order to continue enrollment in the PFT Health and Welfare Fund Retiree Prescription Program for the six-month period commencing September 1, 2021, complete this form and enclose a check in the amount of \$504.00 payable to the **PFT Health and Welfare Fund** in the enclosed self-addressed, stamped envelope, or you may pay online. Simply visit our website, www.pfthw.org click on **Retirement**, then click on **Pay for Your Retiree Prescription Plan**.

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 **July 21, 2021**.

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

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, please notify the Fund immediately and send the Fund a copy of your Medicare card.