

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 Fund Retiree Prescription Program for the six-month period commencing March 1, 2022, please complete the form below and enclose a check in the amount of \$504.00 payable to the **PFT Health and Welfare Fund in the enclosed self-address, 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.**

This form and your payment in the amount of **\$504.00** must be received by the Fund on or prior to **January 19, 2022**, to ensure that your benefits continue without interruption.

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

In solidarity,

ARTHUR G. STEINBERG
Chief Trustee

_____ XXX-XX- _____
Last Name, First Name, Middle Initial 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.