

PHILADELPHIA FEDERATION OF TEACHERS  
HEALTH AND WELFARE FUND  
RETIREE PRESCRIPTION PLAN  
RE-ENROLLMENT NOTIFICATION

[www.pfthw.org](http://www.pfthw.org)

215-561-2722

Dear Member,

In order to continue enrollment in the PFT Health and Welfare Fund Retiree Prescription Program for the six-month period commencing March 1, 2023, 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-addressed, stamped envelope or you may pay online. Simply visit our website, [www.pfthw.org](http://www.pfthw.org) click on the **Retirement** tab, then click on Pay for Your Retiree Prescription Plan Renewal.

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 PFT Health and Welfare Fund on or prior to **January 18, 2023**.

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

In solidarity,

ARTHUR G. STEINBERG  
Chief Trustee

*(Please print clearly)*

Name \_\_\_\_\_  
Last First Middle Social Security Number Telephone Number

**If your address has changed within the last (6) six months complete the following:**

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Note: If you are under age 65 and become eligible for Medicare, please notify PFT Health and Welfare Fund immediately and send a copy of your Medicare card with this form.**