

PHILADELPHIA FEDERATION OF TEACHERS
HEALTH AND WELFARE FUND
RETIREE PRESCRIPTION PLAN
RE-ENROLLMENT NOTIFICATION
[215-561-2722](tel: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, 2024, 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 click on the **Retirement** tab, and 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 17, 2024**.

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 XXX-XX- Social Security Number Telephone Number

Signature _____

Personal Email Address _____ I give you permission to use this email address.

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.