PHILADELPHIA FEDERATION OF TEACHERS
HEALTH AND WELFARE FUND
RETIREE PRESCRIPTION PLAN
RE-ENROLLMENT NOTIFICATION
215-561-2722

Dear :

In order to continue enrollment in the PFT Health and Welfare Fund Retiree Prescription Program for the six-month period commencing September 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 ***July 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 _____ **XXX-XX-**_____ _____
Last First Middle 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.

AGS/lw
USW 10-286/afl-cio
Enclosures

June 2024