

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 March 1, 2025, please complete the form below and enclose a check in the amount of **\$504.00**. The check should be payable to the **PFT Health and Welfare Fund**. We have enclosed a self-addressed, stamped envelope for your convenience 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.

Although your current benefit is paid through February 28, 2025 to ensure that it continues 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 15, 2025**.

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

In solidarity,

LeSHAWNA COLEMAN
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.

LC/jj
USW 10-286/afl-cio
Enclosures

November 2024