{CurrentDate}

{stdMbrFullName}

{x stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{x if stdIsUSA = 1}

{x stdDomesticStateInternationalCountry}

{x else}

{x stdDomesticStateInternationalCountry}

{x stdMbrAdrCountryDesc}

{x endif}

**Re: Request for Disability Pension**

Dear {stdMbrFullNameInProperCase}:

Enclosed is the information you requested regarding your Disability retirement benefits. Under the Motion Picture Industry Pension Plan (“Pension Plan”) and Motion Picture Industry Individual Account Plan (“IAP”) (collectively “the Plans”), you must choose a benefit option by completing the enclosed Disability Retirement Application and Retirement Benefit Election Form for Pension Plan payments.

**Please Note: You may not change your election, or cancel or postpone your retirement after commencement of your Disability Retirement, so you need to consider your retirement options very carefully before making your election.**

**Documents Required**

* Proof of Age: You must submit legal evidence of your date of birth prior to the receipt of any benefit payments. You may provide a clear photocopy of your birth certificate, passport, Real ID, DD-214 military discharge papers, U.S. residency card or naturalization certificate. If you elect the 50%, 75% or 100% Joint and Survivor benefit, you must also provide evidence of your spouse’s birth date.
* Verification of Tax ID: You must submit proof of your Social Security Number (SSN) or Tax ID Number (TIN). You may provide a clear photocopy of the Social Security card or a completed Form W-9. If you elect the 50%, 75% or 100% Joint and Survivor benefit, you must also provide evidence of your spouse’s Social Security card or a completed Form W-9.
* Proof of Marriage: You must submit legal evidence of your current marriage, if applicable. You may provide a clear photocopy of your marriage certificate.
* Proof of Divorce: Benefits from the Plans are considered marital property. If you were divorced while you were participating in the motion picture Industry, for all previous spouse(s), you must submit to the Plans a complete conformed copy of each final judgment with the property settlement(s) and agreement(s) to verify that no prior spouse has any claim to your benefit. If a former spouse is deceased, you must submit a copy of the death certificate.

Note: If you are legally separated or in the process of divorce, you are still considered married.

**Importance of Beneficiary Designation**

It is critical that you provide the Plans with the name, SSN (or TIN) and relationship of each of your beneficiaries. If you fail to do so, any unpaid or remaining guaranteed benefits will be paid to your estate.

You may also name a contingent beneficiary to receive any death benefits in the event your primary beneficiary predeceases you. Your beneficiary designation will be applied to both the Pension Plan and, if applicable, the IAP.

**Authorized Signatures**

As with any legal documents, it is very important that you read and understand your benefit options before signing any retirement documents. If you are legally married, both you and your spouse must sign the election form. Your spouse’s identity and signature must be witnessed by a Notary Public or an authorized MPI Benefits Representative.

**Pension Plan Benefits**

**Tax Withholding and Reporting**

You must complete and submit a Form W-4P to the Plans to indicate whether you want taxes withheld from your monthly pension payments. If the Plans do not receive a completed Form W-4P by the payment processing date, taxes will be withheld, according to IRS instructions, as tax filing status as single with no adjustments in Steps 2 through 4. You may change your tax withholding elections at any time for future payments.

***Please refer to the enclosed IRS Notice - Special Tax Notice Regarding Plan Payments (pink) - for more detailed rules regarding your distribution.***

**Commencement of Your Retirement Benefits**

Benefit payments will begin on the first of the month in which you have retired from the Pension Plan provided you have submitted all of the required documents at least 30 days before payment is scheduled to begin.

**Benefit Payment Method**

If you elect to receive your monthly pension benefit by direct deposit, your payment will be electronically deposited into your bank account on the first day of the month.

If you elect to receive your pension benefit by check, a check will be mailed on the last working day before the first of each month. If you believe a check has been lost in the mail, contact the Plans for a replacement check; however, the Plans must allow 10 working days for a check to reach you before replacing it.

Important Note: If the bank rejects your direct deposit, or the U.S. Postal Service returns your check as undeliverable as addressed, the Plans will attempt to notify you immediately. For security purposes, future payments will be placed on hold until we receive written notification or authorization from you. To avoid this inconvenience, please be sure to keep your bank information and mailing address updated with the Plans.

**If You Are Rehired**

If you retire and then return to work in the motion picture industry (the “Industry”) during the first two months (60 days) following your Retirement Date, your monthly pension payments will be suspended and your IAP payment will not be processed until two consecutive calendar months have passed in which no Industry work is performed.

After the first two months following your Retirement Date, you may choose to return to work in the Industry. However, if you work or are guaranteed 50 hours or more in a Payroll Month, your benefit payment will be suspended (a Month of Suspendible Service). This means that you will not receive the portion of your retirement benefit that was derived from employer contributions for that month. For many Participants, this is their entire monthly benefit amount. If any portion of your monthly benefit payment came from contributions you made to the Plans prior to 1990, you will continue to be paid this portion of your benefit, if there is no overpayment. Full monthly benefits may resume within 60 to 90 days once the Pension Plan has verified that you have worked less than 50 hours in the Industry and once the Plans has fully recovered any overpayments made to you.

If you are retired and subsequently accept re-employment in the Industry, you may be eligible to receive additional benefits under the Plans only upon completion of 870 or more Credited Hours in a Computation Year, excluding Credited Hours before the Retirement Date. Any Credited Hours earned before retirement in the Computation Year in which you retired will not be counted towards the 870 Credited Hours requirement. These additional amounts will not be paid until after you reach age 65.

If you return to work in the Industry, beginning on April 1st following the year you reach age 70 1/2, you may work unlimited hours and still receive pension benefits. However, any benefits earned while re-employed will be offset by the actuarial value of the monthly payments made for Months of Suspendible Service.

***NOTE: If you return to work in the Industry, you must inform the Plans by submitting a Re-employment Notification Form within one week of your re-employment. Failure to notify the Plans could result in an overpayment of benefits. The Plans will recover any overpayments through reductions in your future payments or suspension of benefits until the overpayment has been repaid to the Plans.***

**Individual Account Plan**

Once the Plans receive the required documents, the payment of your IAP balance will generally be processed in two to three weeks.

**Your Account Balance from the IAP**

Under the IAP, the amount of your retirement benefit will be based on your IAP account balance as of the beginning of the quarter in which your Retirement Date occurs. In addition, if you worked at least 400 Credited Hours prior to retirement in the Computation Year in which you are retired, employer compensation-related contributions will be made, if applicable.

**The estimated IAP balance reflects the balance as of the valuation year-end, as indicated. In addition, the investment income or loss as of the beginning of the quarter in which you retire will be applied to this balance. If the final valuation of your IAP benefit cannot be determined at the time of retirement, a percentage of the estimated IAP balance will be withheld to avoid possible overpayment. A second payment reflecting the investment returns as well as any amount withheld will be made once the final valuation can be made.**

**IAP Benefits Payout Process**

The IAP provides either a monthly annuity benefit or a lump sum benefit payable two months after your Retirement Date.

In general, unless a lump sum benefit is selected, the type of benefit payment under the IAP will be defaulted to a monthly annuity benefit by purchase of an annuity contract issued by an insurance company. Under these options, the annuity benefit option type will be the same as the option elected under the Pension Plan. However, if you elected a pop-up option under the Pension Plan, the corresponding non-pop-up benefit will be paid under the IAP.

If your IAP balance is over $5,000, you may elect to receive the balance either in a lump sum (with spousal consent, if applicable) or an annuity benefit. If it is $5,000 or less, it will be paid as a lump sum.

If your Retirement Date is after the allocations for the previous year (or quarter) are completed, the entire balance will be available to process immediately. If the allocations for the previous year (or quarter) are pending, you may receive your IAP balance in a two-step process or a one-step process.

Two-Step Payment Process

You may receive the current IAP balance as of the last allocation made under the IAP, less a certain percentage that is withheld to avoid overpayment. The percentage is determined by the Plans and is uniform for every Participant. After allocations for the prior quarter and/or year are completed, you will receive the remainder of the balance, if any.

One-Step Process

You may receive your payment or annuity purchase as soon as practicable following completion of the allocations for the prior quarter and/or year. There is no additional interest earned on your balance if it is left in the IAP after your Retirement Date.

**NOTE: If you elected or defaulted to the monthly annuity benefit, the annuity will not be purchased until your final account balance is determined (*i.e.*, after all applicable quarterly and annual allocations have been completed). The monthly benefit is retroactive to your Retirement Date.**

**Rollover and Taxes**

If you elect a lump sum and your IAP balance is equal to or greater than $200, it is subject to a mandatory 20% Federal tax withholding, unless you roll it over into a qualified IRA or other qualified plan. You must complete the enclosed Lump Sum Distribution Election form to process the lump sum benefit.

**NOTE: If you choose to rollover your IAP balance, please let your IRA custodian know the IAP payment will not be processed until two months after your Retirement Date. Your IAP check will be mailed to your IRA institution via first class mail.**

***Please refer to the enclosed IRS Notice - Special Tax Notice Regarding Plan Payments (Pink) - for more detailed rules regarding your distribution.***

**General Information**

**Pension Benefit Verification Requirement**

Once every other year, you will receive a letter requesting that you verify that you are receiving your pension benefit payments.  The letter will provide you with three different ways to verify your identity to the Motion Picture Industry Pension Plan (MPIPP):

1. You may use a notary to have your signature witnessed.
2. You may come to MPI to verify your identity with a Plan representative.
3. You may join a Pension Benefit Verification Zoom meeting to verify your identity.

We will mail a series of three letters to you over a three-month period requesting this verification. Please be advised that if you do not verify your pension benefit within 90 days of the date on the first letter, your pension payments will be suspended. Once we receive your completed form, your pension payments will be resumed, including any retroactive payments.

This verification process is part of MPIPP’s fiduciary responsibility to ensure that you, the Participant or Beneficiary, receive the benefits to which you are entitled.  This process is also designed to protect you and MPIPP from becoming victims of fraudulent activity.

**Incapacity of Retired Participant**

If you become incapacitated and need someone else to handle your retirement transactions, including a change of address, you must submit to the Plans a Durable Power of Attorney, Guardianship or Conservatorship order. Benefits are payable to the Participant only and cannot be paid to any other party, including a spouse or attorney-in-fact.

If a Durable Power of Attorney is used, the Plans will require a doctor’s certification of incapacitation. These documents must be either originals or certified copies, and will be returned to you after review.

**If You Move After Your Retirement**

**It is imperative that you inform the Plans of your new mailing address if it changes after your benefit start date, even if you are receiving your payments via direct deposit. If you do not keep your address current, you may not receive the Plans’ communications which may be critical and time-sensitive.**

**Summary of Required Documents**

* *Completed Disability Retirement Application*
* *Completed Retirement Benefit Election Form*
* *Completed Tax Withholding Election Form for monthly tax deductions*
* *Copies of your birth certificate and spouse’s, if applicable*
* *Copy of Marriage Certificate, if applicable*
* *Copy(ies) of Tax ID or Social Security card(s) for you and your spouse and/or other beneficiaries*
* *A completed Direct Deposit Authorization Form, if you elect direct deposit (Recommended)*
* *Final Judgment and Property Settlement Agreement for all former spouses, if applicable*
* *Completed Lump Sum Distribution Election form*

If you have any questions, please contact MPI’s Participant Services Center by e-mail at rsd@mpiphp.org, or call (855) ASK-4MPI Monday through Friday from 8 a.m. to 5 p.m., Pacific Time.

Sincerely,

Retirement Benefits

See your Summary Plan Description for additional information about the Plans. Benefits are subject to final verification, review and adjustment. If applicable, these amounts may be subject to change in accordance with any divorce or Qualified Domestic Relations Order (QDRO), which may or may not be on file. In the event of any inconsistency between any communications and the provisions of the Plans, the provisions of the Plans shall govern.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PARTICIPANT:** | {stdMbrFullNameInProperCase} | | | **BIRTH DATE:** | | {stdMbrDateOfBirth} | |
| **SPOUSE:** | {stdMbrSpouseFullName} | | | **BIRTH DATE:** | | {stdSpouseDateOfBirth} | |
| **RETIREMENT DATE:** | {dtRetrDate} | **TYPE :** | **Disability** | **YEARS:** | {intYrs} | **HOURS:** | {decHours} |

To the Board of Directors of the Motion Picture Industry Pension Plan (the “Pension Plan”) and the Motion Picture Industry Individual Account Plan (“IAP”) (collectively “the Plans”):

This is to notify you that I, **{stdMbrFullName}**, intend to retire from the Motion Picture Industry (the “Industry”) and start my benefits from the Plans on **{Retirement\_Date}.**

**PLEASE READ CAREFULLY BEFORE SIGNING**

**I understand that:**

1. I am voluntarily electing to start my benefits from the Plans. Neither plan requires me to start my benefits.
2. Except as provided below, I will receive retirement benefits starting on my Retirement Date in accordance with my election of payment options under the Plans.
3. My Retirement Date and start date are subject to the Plans’ approval as set forth in Article IV, Section 5 of the Pension Plan.
4. Before any payment(s) can be made, I must provide to the Plans proof of my date of birth, Social Security number and, if married, my spouse's date of birth and marriage certificate. In addition, if applicable, I must provide a conformed copy(ies) of the final judgment with the property settlements and agreements and/or death certificate(s) for previous spouse(s) during my participation under the Plans to verify that my prior spouse(s) has no claim to any portion of my benefits.
5. At the Plans’ request, I will provide evidence of my continuing Social Security Disability Benefits.
6. I must advise the Plans in the event my Social Security Disability benefits cease or I return to work in the Industry. If I stop receiving Social Security Disability benefits before I reach age 65, my benefit under the Pension Plan will stop.
7. For any Payroll Month in which I am re-employed in the Industry for 50 hours or more in a covered job classification, my Pension Plan benefits derived from employer contributions will be forfeited. However, the portion derived from my own contributions, if any, will continue. Benefits will not be suspended for any month beginning on or after April 1 following the year I reach age 70½. (This paragraph does not apply to the IAP.)
8. I will earn additional benefits in the Plans only if I work at least 870 Credited Hours in a Computation Year\* after my Retirement Date. Any benefits I earn in Computation Years on or after April 1 following the year I reach age 70½ will be reduced by the value of distributions I receive for months I work 50 or more hours in the Industry.
9. The benefit payable to me is subject to final verification, review and adjustment.

**PARTICIPANT’S CONSENT**

Under penalty of perjury, I certify that my current marital status is: Single Married Divorced

My citizenship status *(required for tax purposes)* is: U.S. Citizen U.S. Resident Alien Other

My signature on this document indicates that I have read and understand the terms and conditions of this application.

Participant’s Signature Date

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PARTICIPANT:** | {stdMbrFullNameInProperCase} | | | | **BIRTH DATE:** | {stdMbrDateOfBirth} | | |
| **SPOUSE:** | {stdMbrSpouseFullName} | | | | **BIRTH DATE:** | {stdSpouseDateOfBirth} | | |
| **RETIREMENT DATE:** | | {dtRetrDate} | **TYPE:** | Disability | **YEARS:** | {intYrs} | **HOURS:** | {decHours} |

**BENEFICIARY DESIGNATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | | | Relationship  Spouse Child |
| Social Security Number | Birth Date (MM/DD/YYYY) | Beneficiary Type  Primary Contingent %: | |
| Mailing Address | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name | | | Relationship  Spouse Child |
| Social Security Number | Birth Date (MM/DD/YYYY) | Beneficiary Type  Primary Contingent %: | |
| Mailing Address | | | |

**PLEASE USE A SEPARATE SHEET OF PAPER TO DESIGNATE ADDITIONAL BENEFICIARIES.**

**BENEFIT OPTION DESCRIPTIONS**

1. **Life Annuity**

Unless you elect otherwise, unmarried Participants automatically receive a Life Annuity benefit payment option. This option provides a monthly lifetime benefit payment to the Participant only. No benefit will be paid to any survivor.

1. **Qualified Joint and 50% Survivor Annuity**

This monthly benefit is actuarially reduced from the amount of the Life Annuity Benefit. Under this option, you will receive a monthly benefit (based on your age and your spouse’s age) throughout your lifetime. If you predecease your spouse, a lifetime monthly benefit will continue to be paid to your spouse at an amount equal to one-half of the monthly benefit received while you were living. Regardless of divorce or remarriage during retirement, the Joint & 50% Survivor Annuity must be paid to the spouse you were married to on your Retirement Date. If your spouse predeceases you after your Retirement Date, the Joint & 50% Survivor Annuity will continue for your lifetime at the same reduced monthly amount; no benefit will be paid to any survivor, including a new spouse if you remarry after retirement.

1. **Joint and 50% Survivor Pop-up Annuity**

This option pays a monthly benefit for your lifetime. In the event of your death, a monthly benefit continues to the spouse you were married toon your Retirement Date. The benefit is equal to 50% of the monthly amount received before your death. However, if your spouse predeceases you after your Retirement Date, your monthly benefit will increase (pop-up) to the amount you would have received had you elected a Life Annuity Benefit. The monthly benefit paid to you at retirement under this option is lower than the Life Annuity and the Qualified Joint & 50% Survivor Annuity.

1. **Joint and 75% Survivor Annuity**

This option is similar to the Qualified Joint & 50% Survivor Annuity except that there is less of a reduction in benefit to your spouse in the event of your death. In the event of your death, a lifetime monthly benefit will continue to be paid to your spouse at an amount equal to 75% of the monthly benefit received while you were living. The monthly benefit payment during your lifetime is lower than that received through the Qualified Joint & 50% Survivor Annuity.

1. **Joint and 100% Survivor Annuity**

This option is similar to the Qualified Joint & 75% Survivor Annuity Benefit except that there is no reduction in benefit to your spouse in the event of your death. The monthly benefit payment during your lifetime is lower than that received through the Qualified Joint & 75% Survivor Benefit.

1. **Joint and 100% Survivor Pop-Up Annuity**

The Joint & 100% Pop-up Annuity benefit is similar to the Joint & 50% Pop-up Annuity benefit except that the monthly benefit payable to your spouse in the event of your death will be the same as the amount paid during your lifetime. If your spouse predeceases you after your Retirement Date, your monthly benefit will “pop-up” to the amount you would have received had you selected a Life Annuity Benefit. The monthly benefit payable to you at retirement under this option is lower than the Joint & 100% Survivor Annuity.

1. **Ten-Years-Certain and Life Annuity**

This option provides you with a monthly lifetime Pension benefit. In the event of your death within 10 years of your Retirement Date, your beneficiary will receive the same monthly benefit amount for the remainder of the 10-year period. Following this 10-year period, the benefit payments to your beneficiary will permanently cease. If you die after the 10-year period following your Retirement Date, no benefit will be provided to your beneficiary. If you retire under this option and are re-employed, the 10-year period shall not be increased by the re-employment period.

1. **Lump-Sum Payment**

If the present value of your Pension Plan benefit (including the monthly benefit derived from UV & HP) is $5,000 or less, your benefit will be automatically paid in a single lump sum. If the amount is more than $5,000 but not more than $10,000, you may elect, with spousal consent, to take the entire value of the benefit in a single lump sum. All lump sum distributions are subject to 20% IRS income tax withholding. Also, if the lump sum is paid before you reach age 59½, there may be an additional 10% penalty tax. To avoid tax withholding and penalties, you may elect to have the lump sum paid as a direct rollover to an Individual Retirement Account (IRA) or another qualified plan.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PARTICIPANT:** | {stdMbrFullNameInProperCase} | | | | **BIRTH DATE:** | | {stdMbrDateOfBirth} | | |
| **SPOUSE:** | {stdMbrSpouseFullName} | | | | **BIRTH DATE:** | | {stdSpouseDateOfBirth} | | |
| **RETIREMENT DATE:** | | {dtRetrDate} | **TYPE:** | Disability | | **YEARS:** | {intYrs} | **HOURS:** | {decHours} |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Benefit Options** | **Relative**  **Value\*** | **Initial One Option** | **Pension Plan Amount\*\*** | **Initial One Option** | **IAP Amount\*\*** |
| 1. **Life Annuity**   (Default option for unmarried Participants) | {LifeAnnuityRelValue} |  | **{PartLifeAnnuity}** |  | **{PartIAPLifeAnnuity}** |
| 1. **Qualified Joint and 50% Survivor Annuity**   (Default option for married Participants) | N/A |  | **{PartJS50}** |  | **{PartIAPJS50}** |
| *Participant’s Benefit at Spouse’s Death* |  | *{PartJS50}* |  | *{PartIAPJS50}* |
| *Spouse’s Benefit at Participant’s Death* |  | *{SpouseJS50}* |  | *{SpouseIAPJS50}* |
| 1. **Joint and 50% Survivor Pop-Up Annuity** | {JS50PopRelVal} |  | **{PartJS50Pop}** |  | **{PartIAPJS50Pop}** |
| *Participant’s Adjusted Benefit at Spouse’s Death* |  | *{PartLifeAnnuityForPOPUP}* | N/A | *{PartIAPLifeAnnuityForPOPUP}* |
| *Spouse’s Benefit at Participant’s Death* |  | *{Spouse50Pop}* |  | *{SpouseIAP50Pop}* |
| 1. **Joint and 75% Survivor Annuity** | {JS75RelVal} |  | **{PartJS75}** |  | **{PartIAPJS75}** |
| *Participant’s Benefit at Spouse’s Death* |  | *{PartJS75}* |  | *{PartIAPJS75}* |
| *Spouse’s Benefit at Participant’s Death* |  | *{SpouseJS75}* |  | *{SpouseIAPJS75}* |
| 1. **Joint and 100% Survivor Annuity** | {JS100RelVal} |  | **{PartJS100}** |  | **{PartIAPJS100}** |
| *Participant’s Benefit at Spouse’s Death* |  | *{PartJS100}* |  | *{PartIAPJS100}* |
| *Spouse’s Benefit at Participant’s Death* |  | *{SpouseJS100}* |  | *{SpouseIAPJS100}* |
| 1. **Joint and 100% Survivor Pop-Up Annuity** | {JS100PopRelVal} |  | **{PartJS100Pop}** | N/A | **{PartIAPJS100Pop}** |
| *Participant’s Adjusted Benefit at Spouse’s Death* |  | *{PartLifeAnnuityForPOPUP}* | *{PartIAPLifeAnnuityForPOPUP}* |
| *Spouse’s Benefit at Participant’s Death* |  | *{SJS100Po}* | *{SIJS100P}* |
| 1. **Ten-Years-Certain and Life Annuity** | {TenCerRelVal} |  | **{PartTenYr}** |  | **{PartIAPTenYr}** |
| 1. **Lump-Sum Payment** | N/A | {MPLUM} |  |  | **{PartIAPLumpSum}** |

\* The Relative Value reflects the value of the corresponding option compared with the Qualified Joint and 50% Survivor Annuity. The Relative Value comparison is intended to allow you to compare the total value of distributions paid in different forms. The Relative Value comparison was made by converting the value of each optional form of benefit available to the Qualified Joint and 50% Survivor Annuity as the common form. This conversion uses interest and life expectancy assumptions. The Relative Value of a benefit is determined by projecting the total benefits expected to be paid to you and a joint annuitant after your death, if applicable, based upon standard mortality tables and discounted for 4.5% (5% if disabled) interest. All comparisons are based on average life expectancies. The value of payments ultimately made under an annuity form of benefit will depend upon your actual longevity. You can request details regarding the actuarial assumptions used to calculate the relative value of optional forms of benefit by contacting the Plans at (855) 275-4674.

**\*\* All amounts are an estimate based on current balances and marital status, and subject to verification before payment.** Benefit amounts will not be listed under the Joint and Survivor Annuity options if you are unmarried. The beneficiary for a Joint and Survivor Annuity must be the spouse to whom you are married on your Retirement Date, regardless of divorce or my remarriage during retirement. The beneficiary for a Ten-Years-Certain and Life Annuity must be your spouse and/or children.

**PARTICIPANT’S CONSENT**

I understand that I may only revoke this benefit election during the 180-day period immediately preceding my Retirement Date. I understand that, upon retirement, this benefit election is irrevocable. I understand that, unless I elect otherwise (with my spouse's consent, if applicable), my benefits will be paid in the form of a Qualified Joint and 50% Survivor Annuity (if I am married) or as a Life Annuity (if I am single). I certify that all of the foregoing information is true and correct.

Participant’s Signature Date

**SPOUSE’S CONSENT**

I acknowledge that if my spouse elects to receive benefits other than a Qualified Joint 50% and Survivor Annuity from the Pension Plan or the IAP, my signature below waives such Qualified Joint 50% and Survivor Annuity. This consent is voluntarily given and no undue influence or coercion has been exercised in connection with my decision to give this consent. This consent applies to both the Pension Plan and the IAP.

Spouse’s Signature **(Must be Witnessed Below)** Date

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, by {stdMbrSpouseFullName}, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(NOTARY STAMP)

**Signature of the Plans Representative or Notary Public in and for said County and State**

|  |  |
| --- | --- |
| **RECIPIENT INFORMATION** | |
| **Recipient’s Name** | **Recipient’s MPID** |
| {RecipientName} | {RecipientMPID} |
| **Participant’s Name** (if recipient is not a Participant) | **Participant’s MPID** |
| {stdMbrFullNameInProperCase} | {stdMbrParticipantMPID} |

|  |  |  |  |
| --- | --- | --- | --- |
| **ACCOUNT INFORMATION** (account must be in recipient’s name) | | | |
| **Bank Name** | | | **Phone** |
|  | | |  |
| **Routing or Transit Number** | | **Account Number** | |
|  | |  | |
| **Joint Account?** | **Joint Account Holder’s Name (as it appears on the account)** | | |
| Yes No |  | | |
| **Account Type** (Please select only one.) | | | |
| Checking Savings | | | |

**IMPORTANT: Direct deposit is not available to bank accounts outside the US, trust accounts, or prepaid cards. Also, if this form is received by the 15th of a month and the account information you’ve provided is correct, your direct deposit will be setup for the following month. Otherwise, it may take an additional month for your direct deposit payments to begin, and a check would be mailed to you for the interim month.**

****

**Sample**

**Check:**

Please enclose a voided check that shows routing/transit number and your account number.

**RECIPIENT’S CONSENT**

I hereby authorize the Motion Picture Industry Pension Plan (“Pension Plan”) to directly deposit and, if necessary, correct any such deposits by making adjustments, to my account at the bank I have indicated on this form. I understand that I must submit written authorization to the Plans to make any changes or to discontinue direct deposit.

I understand that a durable power of attorney, guardianship or conservatorship is required if I choose to designate someone else to legally handle my retirement transactions, bank account activity or changes of address. If a durable power of attorney is used, the Pension Plan also requires a doctor’s certification of incapacity. These documents must be original or a certified copy. Benefits are payable to me only and may not be paid to another party (i.e. spouse, attorney in fact, etc.).

Account Holder’s (Recipient’s) Signature Date

The line above must be signed by the recipient or an individual who has a valid power of attorney or order of guardianship or conservatorship.

Joint Account Holder’s Signature (if applicable) Date

|  |  |  |
| --- | --- | --- |
| ***Pursuant to the provision of the Motion Picture Industry Pension and Individual Account Plans (the ''Plans''), the Plans are authorized to distribute the funds in accordance with the Option I have selected below. I understand that the distribution process may be delayed or cancelled if this form along with the application is not received by the Plan Office within 60 days from your application date.*** | | |
| **RECIPIENT’S NAME** | **MPID** | **DISTRIBUTION AMOUNT** |
| {stdMbrFullNameInProperCase} | {stdMbrParticipantMPID} | *{PartIAPLumpSum} (through* *{LumpSumYear})* |

|  |  |
| --- | --- |
| **Distribution Type:** | ***{ }*** |
| Please refer to the Information about the tax treatment of distributions in the accompanying Special 402(f) Tax Notice Regarding Plan Payments. The Plans strongly recommends you discuss the distribution options below with a tax professional. | |
| **Check only one option under Section A.**  **If you choose option 2 or 3, page 2 must be completed by the custodian of your IRA or other qualified plan.** | |
| If you do not elect to rollover all or a portion of your distribution directly to an IRA or other qualified plan, the Plans will automatically withhold 20% in federal income taxes from that distribution. | |

|  |
| --- |
| **SECTION A: Distribution Type Election** (select only one) |
| **Option 1:** Please issue a check for the balance payable to me. I do not elect a direct rollover of my distribution. I understand that mandatory 20% federal income tax and 2% California State income tax (if elected) will be withheld. |
| *{x if IsRETR = 1} To qualify for the options below, the taxable portion of the payment must be $750 or more.*  *{else} To qualify for the options below, the taxable portion of the payment must be $200 or more.*  *{x endif}* {else} Employee Contributions and Unclaimed Vacation & Holiday Pay (UV&HP) are non-taxable. Interest on these items is taxable. |
| {x if IsRETR = 0} {endif}  **Option 2:** I elect to rollover the entire distribution into my IRA or qualified plan.  **Option 3:** I elect to rollover a portion of my distribution directly into my IRA or qualified plan. The amount I would like to rollover is indicated in the Rollover Amount box on the top of page 2. I understand that a separate check will be issued for the balance of the taxable portion, less applicable federal and state income tax withholding, plus the entire non-taxable portion, if any.  **My Trustee/Custodian and I must complete page 2** |

|  |
| --- |
| **SECTION B: Tax Resident Status** |
| My citizenship status is *(required for tax purposes)*: U.S. Citizen or Resident Alien Non-Resident Alien\*  *\* IRS Form W-8 is required for non-resident alien claiming tax treaty benefits.* |

|  |
| --- |
| **SECTION C: State Income Tax Withholding Election** (for California residents only) |
| I understand that unless I select the box below, 2% California State income tax will be withheld from any portion of my distribution that is not rolled over to a qualified plan. I understand that my actual federal or state income tax liability may exceed the amount withheld by the Plans from the distribution to me. I understand that I may be subject to tax penalties under the estimated tax payment rules if my estimated tax payments and withholding are inadequate. |
| Do NOT withhold California state tax *(I understand this choice does not relieve me of any tax liability)* |

**RECIPIENT’S CONSENT**

My signature on this document indicates that I authorize the Plans to distribute the funds in accordance with the option I selected above and that I have reviewed the Plans’ *Summary Plan Description* terms and conditions as well as the Special Tax Notice 402(f) Regarding Plan Payments.

If I elect Options 2 or 3, I authorize the IRA or employer plan identified on page 2 to accept a rollover on my behalf. I understand that my check will be processed based on the information herein. I will notify the Plans if there are any changes to this information.

Recipient’s Signature Date

**PAGE 2: ROLLOVER ACCOUNT INFORMATION AND AUTHORIZATION**

To be completed only if choosing Option 2 or Option 3

|  |  |  |
| --- | --- | --- |
| **RECIPIENT’S NAME** | **MPID** | **ROLLOVER AMOUNT** |
| {stdMbrFullNameInProperCase} | {stdMbrParticipantMPID} |  |

|  |  |
| --- | --- |
| **Distribution Type:** |  |
| Must be completed by the custodian of your IRA or qualified plan | |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION D: Rollover Account** | | | |
| **Type of IRA or Plan:**  IRA – Sec 408(a) Roth IRA – Sec 408(a)  Annuity – Sec 408 (b) Annuity – Sec 403(a) Annuity – Sec 403(b)  Qualified Trust/Plan – Sec 401(a) Government Deferred Compensation Plan – Sec 457(b) | | | |
| **MAKE CHECK PAYABLE TO:** | (Trustee/Custodian of IRA/Qualified Plan) | | |
|  | | |
| **Account Number** (Please DO NOT use Social Security Number) | | | |
|  | | | |
| **PAYMENT HANDLING INSTRUCTIONS** | | | |
| **Check will be mailed to:** | | | |
| **IRA or Plan Contact Name** (Required if Account Number field is not completed) | | | |
|  | | | |
| **Address** | | | |
|  | | | |
|  | |  |  |
| **City** | | **State** | **Zip** |
|  | |  |  |
| I declare that the IRA or employer plan identified above will accept a rollover on behalf of the recipient hereof. I declare that I am authorized to act on behalf of the financial institution, the IRA or employer plan identified above. | | | |
| Trustee/Custodian’s Signature Date | | | |
| **Trustee/Custodian’s Name** | | **Title** | |
|  | |  | |
| **Email** | | **Phone** | |
|  | |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Form **W-4P**  Department of the Treasury Internal Revenue Service | | **Withholding Certificate**  **for Periodic Pension or Annuity Payments**  ▶ **Give Form W-4P to the payer of your pension or annuity payments.** | | | OMB No. 1545-0074 |
| **{YR}** |
| **Step 1: Enter Personal**  **Information** | **(a)** First name and middle initial | | Last name | **(b) Social security number** | |
| Address | | | | |
| City or town, state, and ZIP code | | | | |
| **(c) Single** or **Married filing separately**  **Married filing jointly** or **Qualifying widow(er)**  **Head of household** (Check only if you’re unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) | | | | |

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See pages 2 and 3 for more information on each step and how to elect to have no federal income tax withheld (if permitted).

**Step 2: Income From a Job**

**and/or**

**Multiple Pensions/ Annuities (Including a Spouse’s Job/ Pension/ Annuity)**

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

1. Reserved for future use.
2. Complete the items below.
   1. If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the

deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” . . ▶ $

* 1. If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/

annuities. Otherwise, enter “-0-” . . . . . . . . . . . . . . . . . . ▶ $

* 1. Add the amounts from items (i) and (ii) and enter the **total** here . . . . . . . . ▶ $

**TIP:** To be accurate, submit a 2022 Form W-4P for all other pensions/annuities. Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019. If you have self-employment income, see page 2.

If (b)(i) is blank and this pension/annuity pays the most annually, complete Steps 3–4(b) on this form. Otherwise, do not complete Steps 3–4(b) on this form.

**Step 4 (optional): Other**

|  |  |  |
| --- | --- | --- |
| **Step 3:** If your total income will be $200,000 or less ($400,000 or less if married filing jointly):  **Claim** Multiply the number of qualifying children under age 17 by $2,000 ▶ $  **Dependent**  **and Other** Multiply the number of other dependents by $500 . . . . . ▶ $  **Credits** Add other credits, such as foreign tax credit and education tax credits ▶ $  Add the amounts for qualifying children, other dependents, and other credits and enter the total here . . . . . . . . . . . . . . . . . . . . . . . . . . . | **3** | $ |
|  | **4(a)** | $ |
| **4(b)** | $ |
| **4(c)** | $ |

**Adjustments**

1. **Other income (not from jobs or pension/annuity payments).** If you want tax withheld on other income you expect this year that won’t have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends .
2. **Deductions.** If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . . . . . . . . . . . . . . . . . .
3. **Extra withholding.** Enter any additional tax you want withheld from **each payment** .

**Step 5: Sign**

▲

**Here**

**Your signature** (This form is not valid unless you sign it.)

**For Privacy Act and Paperwork Reduction Act Notice, see page 3.** Cat. No. 10225T Form **W-4P** (2022)

**Date**

▲

**General Instructions**

Section references are to the Internal Revenue Code.

**Future developments.** For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to [*www.irs.gov/FormW4P*.](http://www.irs.gov/FormW4P)

**Purpose of form.** Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don’t use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

**Choosing not to have income tax withheld.** You can choose not to have federal income tax withheld from your payments by writing “No Withholding” on Form W-4P in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its possessions.

**Caution:** If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you (or

you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, you should enter the self-employment income in Step 4(a). Then compute your self-employment tax, divide that tax by the number of payments remaining in the year, and include that resulting amount per payment in Step 4(c). You can also add

**Step 2.** Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2.

***Example 1.*** Bob, a single filer, is completing Form W-4P for a pension that pays $50,000 a year. Bob also has a job that pays

$25,000 a year. Bob has no other pensions or annuities. Bob will enter $25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Bob also has $1,000 of interest income, which he entered on Form W-4, Step 4(a), then he will instead enter $26,000 in Step 2(b)(i) and in Step 2(b)(iii). He will make no entries in Step 4(a) on this Form W-4P.

***Example 2.*** Carol, a single filer, is completing Form W-4P for a pension that pays $50,000 a year. Carol does not have a job, but she also receives another pension for $25,000 a year (which pays less annually than the $50,000 pension). Carol will enter

$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Carol also has $1,000 of interest income, then she will enter

$1,000 in Step 4(a) of this Form W-4P.

***Example 3.*** Don, a single filer, is completing Form W-4P for a pension that pays $50,000 a year. Don does not have a job, but he receives another pension for $75,000 a year (which pays more annually than the $50,000 pension). Don will not enter any amounts in Step 2.

If Don also has $1,000 of interest income, he won’t enter that amount on this Form W-4P because he entered the $1,000 on the Form W-4P for the higher paying $75,000 pension.

***Example 4***. Ann, a single filer, is completing Form W-4P for a pension that pays $50,000 a year. Ann also has a job that pays

$25,000 a year and another pension that pays $20,000 a year. Ann will enter $25,000 in Step 2(b)(i), $20,000 in Step 2(b)(ii), and

$45,000 in Step 2(b)(iii).

If Ann also has $1,000 of interest income, which she entered on Form W-4, Step 4(a), she will instead enter $26,000 in Step 2(b) (i), leave Step 2(b)(ii) unchanged, and enter $46,000 in Step 2(b) (iii). She will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.

half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally

▲**!**

**CAUTION**

***Multiple sources of pensions/annuities or jobs.*** *If you*

*(or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b)*

multiply the self-employment income by 14.13% (this rate is a

quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if your self-employment income multiplied by 0.9235 is over $147,000.

**Payments to nonresident aliens and foreign estates.** Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

**Tax relief for victims of terrorist attacks.** If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write “No Withholding” in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

**Specific Instructions**

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

*on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for* ***only*** *the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/ annuities.*

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can’t be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

**Specific Instructions** *(continued)*

**Step 4 (optional).**

***Step 4(a).*** Enter in this step the total of your other estimated income for the year, if any. You shouldn’t include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won’t have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

***Step 4(b).*** Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions.

This includes itemized deductions, the additional standard

deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

***Step 4(c).*** Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

**Note:** If you don’t give Form W-4P to your payer, you don’t provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2022, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.



**Step 4(b)—Deductions Worksheet** *(Keep for your records.)*

* 1. Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to

$10,000), and medical expenses in excess of 7.5% of your income . . . . . . . . . . . . **1** $

* + - $25,900 if you’re married filing jointly or qualifying widow(er)

{

* 1. Enter: • $19,400 if you’re head of household

} . . . . . . . . **2** $

* + - $12,950 if you’re single or married filing separately

|  |  |  |  |
| --- | --- | --- | --- |
| **3** | If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter “-0-” . . . . . . . . . . . . . . . . . . . . . . . . . . | **3** | $ |
| **4** | If line 3 equals zero, and you (or your spouse) are 65 or older, enter: |  |  |
|  | * $14,700 if you’re single or head of household. |  |  |
|  | * $27,300 if you’re married and one of you is under age 65. |  |  |
|  | * $28,700 if you’re married and both of you are age 65 or older. |  |  |
|  | Otherwise, enter “-0-”. See Pub. 505 for more information . . . . . . . . . . . . . . . | **4** | $ |
| **5** | Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . | **5** | $ |
| **6** | **Add** lines 3 through 5. Enter the result here and in **Step 4(b)** on Form W-4P . . . . . . . . . | **6** | $ |

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may

also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**Medicare Coordination**

***Retired Participants Eligible for Medicare***

When you or your covered dependents are eligible for Medicare for any reason including disability or reaching age 65, whether or not you have retired and applied for Social Security benefits, you must be certain to enroll at your Social Security office for Medicare Part A and Part B benefits. You may enroll in Medicare any time during the three months preceding your 65th birthday and you should do so at your earliest opportunity. Medicare hospital insurance (Part A) provides inpatient hospital benefits and is free to you. Medicare medical insurance (Part B) pays for necessary doctor services, outpatient hospital services and other medical services but requires that you pay for coverage, either by being billed directly (if you are not retired) or by being deducted from your Social Security check (if you are retired). It is vitally important for you and your covered dependents to enroll because:

* If you or your covered dependents are Medicare-eligible and not enrolled in both Medicare Part A and Part B, you and your covered dependents **will not be entitled to any retiree medical/hospital and prescription drug coverage** from MPIHP. You and your covered dependents will only have dental and vision coverage through MPIHP.

***Medicare Parts A and B Enrollment***

You will need to contact your local Social Security office within 90 days before your 65th birthday to enroll in Medicare Parts A and B. If you are age 65 or older and have applied for and established your monthly Social Security benefit, you ordinarily do not have to file an additional application for Medicare coverage. Medicare will mail you a card indicating that you have coverage under Parts A and B. You pay Medicare a monthly premium for Part B coverage. Your premiums for Part B coverage are ordinarily deducted from your Social Security benefits, if you receive them. Contact your local Social Security office for more information on Medicare benefits.

Social Security Administration Toll-Free Number (800) 772-1213

***Dependent Spouse Age 65***

If your dependent spouse reaches age 65 prior to your 65th birthday and is not entitled to Social Security benefits as a result of his/her own employment, such spouse may be required to pay a monthly premium for Medicare hospital insurance (Part A). Be sure that prior to your enrolled spouse’s 65th birthday you check with your Social Security office for a determination regarding the requirement for such premium payments.

***Non-U.S. citizens Age 65***

All aliens who have reached age 65 must also check with their Social Security office to determine the requirements for Medicare hospital insurance (Part A). Spouses and aliens who are required to pay the premium for Medicare hospital insurance, must do so to be eligible under the Retiree Plan guidelines. The Retiree Plan will not duplicate any benefits which your spouse or you are legally entitled to receive under Medicare by payment of the Medicare premium.

***Medicare for the Disabled, ALS and End Stage Renal Disease***

Medicare coverage is also available for disabled people under age 65. This includes workers at any age, persons who become disabled before age 22, and disabled dependent widows/widowers (50 or over) who have been entitled to Social Security or Railroad Retirement Disability checks for two years or more. Also, people under 65 who have ALS or need long-term dialysis treatment for chronic kidney disease or require a kidney transplant can be covered by Medicare.

|  |  |  |  |
| --- | --- | --- | --- |
| **PARTICIPANT:** | {stdMbrFullNameInProperCase} | **YEARS:** | {QYrsRH} |
| **MPID:** | {stdMbrParticipantMPID} | **HOURS:** | {CHrsRH} |

|  |  |  |
| --- | --- | --- |
|  |  |  |

**THIS NOTICE CONCERNS YOUR**

**MOTION PICTURE INDUSTRY RETIREE HEALTH PLAN (“Retiree Health Plan”) BENEFITS**

**MPI records reflect that you have met the requirements for Retiree Health Plan benefits.**

**Medicare Enrollment Requirement**

When you, your spouse, or any dependent becomes eligible for Medicare benefits due to reaching age 65 or upon disability, you and your Medicare eligible dependent must enroll through the Social Security Administration (SSA) in **Medicare Part A and Part B** benefits and maintain them for your lifetime. Medicare Part A provides free inpatient hospital benefits. Medicare Part B requires payment of a premium and covers necessary doctor’s services, outpatient hospital services, and other medical services and supplies not covered by Part A.

In cases of disability, you generally become eligible for Medicare two years after your date of entitlement for SSA disability benefits (this is not the date that you receive your first SSA disability payment, this is generally 5 months after your disability onset date as determined by SSA). However, in certain cases, you might become Medicare eligible before the two-year period.

**Important! You and any Medicare eligible dependents must enroll in Medicare**

**Part A and Part B at the time you become eligible.**

If you participate in an HMO (Kaiser or HealthNet), you and your Medicare eligible dependent must notify your HMO three months prior to becoming Medicare eligible.

No benefits will be payable under the Retiree Health Plan for eligible Medicare benefits that are not paid because you or your Medicare eligible dependent did not enroll, qualify, or submit claims for Medicare Parts A and B coverage.

For more information about Medicare’s Coordination of Benefits policy, please refer to your *Summary Plan Description*, or email MPI’s Participant Services Center at service@mpiphp.org or call toll-free (855) ASK-4MPI between 8 a.m. and 5 p.m. Pacific Time, Monday through Friday.

**Social Security Administration Toll-Free Number is (800) 772 –1213.**

**ACKNOWLEDGEMENT**

I acknowledge that I understand the above Medicare enrollment requirement. I understand that when I become eligible for Medicare Part A and Part B, Medicare will become my primary payer for health care and the Retiree Health Plan will not pay for benefits until I enroll.

Participant’s Signature Date

Spouse’s Signature Date

{x if stdMbrStateTaxWitholdingType = MWS}

{x if stdMbrWithholdingStateCode = CA}

A close-up of a logo

Description automatically generated**Withholding Certificate for**

**Pension or Annuity Payments**

Type or print your full name Your social security number

{stdMbrFullNameInProperCase}

Home address (number and street or rural route) Claim or identification number

City or town, state and ZIP code

**Complete the following applicable lines:**

(if any) of your pension or annuity contract

**1** I elect not to have income tax withheld from my pension or annuity. (Do not complete lines 2, 3, or 4.) . . . . . . . . . .

**2** I want my withholding from each pension or annuity payment to be figured using the number of allowances and marital status shown below:

**a.** Number of allowances you are claiming from the Regular Withholding Allowances

Worksheet A . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**b.** Number of allowances from the Estimated Deductions Worksheet B . . . . . . . .

SINGLE or MARRIED (with two or more incomes) MARRIED (one income) HEAD OF HOUSEHOLD

**3** I want the following additional amount withheld from each pension or annuity payment. Note: You cannot enter an

amount here without entering the number (including zero) of allowances on line 2 above . . . . . . . . . . . . . . . . **> $**

**4** I want this designated amount withheld from each pension or annuity payment. (Do not complete lines 1, 2, or 3.) . . . **> $**

**Your signature: Date:**

{x endif}

{x endif}

{x if stdMbrStateTaxWitholdingType = MWS}

{x if stdMbrWithholdingStateCode != CA}

State Tax Withholding instructions for the

State of {stdMbrWithholdingStateName}

**Summary of State Tax Withholding Requirements and Minimum Withholding Disclosure:**

**MPI applies tax withholding to comply with state tax withholding rules for the following states. State specific withholding rules are on the individual state forms. The following is a disclosure of minimum withholding requirements for your state.**

{x endif}

{x if stdMbrWithholdingStateCode = GA}

**Georgia:** Required to withhold Georgia taxes if Federal tax is withheld. If no form is submitted, then the minimum withholding is based on a filing status of Single with no allowances.

<https://dor.georgia.gov/g-4p-withholding-certificate-pension-or-annuity-payments>

<https://dor.georgia.gov/employers-tax-guide>

{x endif}

{x if stdMbrWithholdingStateCode = NC}

**North Carolina:** Required to withhold North Carolina taxes if Federal tax is withheld. If no form is submitted, then the minimum withholding is based on a filing status of Single with no allowances.

<https://www.ncdor.gov/taxes-forms/withholding-tax/withholding-tax-forms-and-instructions/withholding-certificate-pension-or-annuity-payments>

{x endif}

{x if stdMbrWithholdingStateCode = OR}

**Oregon:** Required to withhold Oregon taxes if Federal tax is withheld. If no form is submitted, then the minimum withholding is 8%.

<https://www.oregon.gov/dor/programs/individuals/pages/pit-withholding.aspx>

{x endif}

{x if stdMbrWithholdingStateCode = VA}

**Virginia:** Required to withhold Virginia taxes if Federal tax is withheld. If no form is submitted, then the withholding is based as if no exemptions have been claimed.

<https://www.tax.virginia.gov/sites/default/files/taxforms/withholding/any/va-4p-any.pdf>

<https://www.tax.virginia.gov/sites/default/files/vatax-pdf/employer-withholding-instructions.pdf>

{x endif}

{x endif}