{CurrentDate}

{stdMbrFullName}

{x stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{x if stdIsUSA = 1}

{x stdDomesticStateInternationalCountry}

{x else}

{x stdDomesticStateInternationalCountry}

{x stdMbrAdrCountryDesc}

{endif}

**Re: Cancellation of Retirement Date Effective:** **{RetireMentDate}**

Dear {stdMbrFullName}:

You recently requested to enroll in the Motion Picture Industry Retiree Health Plan with the Retirement Date indicated above.

We did not receive your Retirement Application by the date indicated on the form. As a result, your retirement has been canceled.

Please contact MPI to apply for your retirement benefits with a new retirement date. Please note, you must apply two full calendar months from your desired retirement date.

If you have any questions, please contact MPI’s Participant Services Center by email at service@mpiphp.org or by telephone at (855) ASK-4MPI between 8 a.m. and 5 p.m. Pacific Time, Monday through Friday.

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 actual provisions of the Plans shall govern.