June 26, 2020

{stdMbrFullName}

{x stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{x if stdIsUSA = 1}

{x stdDomesticStateInternationalCountry}

{x else}

{x stdDomesticStateInternationalCountry}

{x stdMbrAdrCountryDesc}

{x endif}

**Re: Request for Retiree Health Benefits**

Dear {stdMbrFullNameInProperCase}:

Enclosed is the Retirement Application you requested to commence your Retiree Health benefits. To begin receiving benefits under the Motion Picture Industry Retiree Health Plan (the “Plan”), you must complete and return the attached Retiree Health Application form at least two calendar months prior to your selected Retirement Date.

To begin the application process for a Retirement Date of {dtRetirementDateft} , the Plans must receive your completed, signed Retirement Application by {istrSixtyDaysPriorDate} .

If you decide to postpone your retirement under the Health Plan after completing the application requirements, a signed Cancelation Form must be received by the Plans before {dtRetirementDateft}. Otherwise, your retirement benefits under the Health Plan will start on your selected Retirement Date, provided all requirements have been met.

**Documents Required**

* Proof of age: You must submit legal evidence of your date of birth. You may provide a clear photocopy of one of the following: birth certificate, passport, military discharge papers, or residency card or naturalization certificate. If married, you must also provide evidence of your spouse’s birth date.
* 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: If applicable, final judgement for any prior marriage during your employment in the industry.

If you have any questions, please contact MPI’s Participant Services Center by e-mail at [rsd@mpiphp.org](mailto: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:** | | {dtRetirementDate} | **TYPE:** | Health Only | **YEARS:** | {yrs} | **HOURS:** | {hours} |

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

This is to notify you that I, **{stdMbrFullNameInProperCase}**, intend to retire from the motion picture industry (the “Industry”) and start my benefits from the Retiree Health Plan on **{dtRetirementDate}**.

**PLEASE READ CAREFULLY BEFORE SIGNING**

**I understand that:**

1. I am voluntarily electing to start my health benefits under the Retiree Health Plan. The plan does not require me to start my benefits.
2. Except as provided below, I will receive retiree health benefits starting on my Retirement Date. I understand my health benefits will continue as long as I live, provided I remain in retirement from the Industry.
3. I am only applying for Retiree Health Plan benefits. I am not retiring from the Pension Plan and the IAP at this time. I also understand that I must complete a separate Retirement Application at least two complete calendar months prior to commencing my Pension Plan and IAP benefits.
4. When I, my spouse, or any eligible and enrolled dependents become entitled to Medicare benefits due to reaching age 65 or upon disability, the individual who is Medicare entitled must enroll through the Social Security Administration for Medicare Part A and Part B benefits.
5. At age 65 or upon disability, Medicare will become the primary payer for health benefits. The Retiree Health Plan will not pay for benefits I or my eligible dependents would otherwise be entitled to receive by another health plan, including Medicare.
6. Dependents age 19 and older who are not full time students are not eligible for coverage under the Retiree Health Plan. Dependents with coverage under the Active Health Plan who lose coverage because of my transfer to the Retiree Health Plan are eligible for continuation coverage under COBRA.

**PARTICIPANT’S CONSENT**

I understand that this application must be received by the Plans at least two complete calendar months prior to the Retirement Date indicated above, or it will not be accepted. If I want to cancel this application after returning it to the Plans by the initial deadline, the Plans must receive a completed, signed **Cancellation Form** prior to my Retirement Date.

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

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

Participant’s Signature Date

**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 (“the Plan”) BENEFITS**

{x if bstrHealthEligibleFlag = “Y”}

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

{x else}

**In order to qualify for Retiree Health Plan coverage, you must have at least (a) 20 Qualified Years and 20,000 Credited Hours; or (b) 15 Qualified Years and 20,000 Credited Hours (provided you have at least 3 Qualified Years after the year you turn age 40, and at least 1 Qualified Year in any of the Plan years 2000 through 2015.). According to our records you have not met the requirements for Retiree Health Benefits.**

{x endif}

**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. In most cases 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 Health Net), you and your Medicare eligible dependents must notify the Plan and your HMO three months prior to becoming Medicare eligible. Enrollment forms will be required for each Medicare eligible enrollee. If you participate in the Anthem Blue Cross PPO plan, you and your Medicare eligible dependents will be required to enroll in the Anthem Medicare Preferred (PPO) Medical Plan.

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 for Retired Participants*, 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