



Sample Statement

**For those Members
Paying \$50.00 per Month
(Individual + Spouse and/or Dependent(s))**

STATEMENT OF HOURS/ PREMIUM NOTICE

Make Your Payment Online!
www.mpiphp.org

Date Payment is Due →
Payment for Three (3) Month Coverage →
Payment for Six (6) Month Coverage →

Payment Due Date: 01/16/2013
Minimum Payment: \$150
(Coverage for 01/01/2013-03/31/2013 only)

Name of Participant
Address
City, State Zip

Payment for 12 Month Coverage →
For Six (6) Months of Coverage →

Total Amount Due: \$300
(Full Eligibility Period)
Annual Payment: \$600
Eligibility Period: 01/01/2013 - 06/30/2013
Notice Date: 12/02/2012

Period Used to Determine Hours Worked/Eligibility?

DESCRIPTION

Local 399 Bank of Hours

Qualifying Period: 04/22/2012 - 10/20/2012		Status: Eligible		Union Code: 99	Bank of Hours Current Balance: 450.0
Total Hours Worked:	Employer No	Name	Dates	Hours	
1388.80	[REDACTED]	[REDACTED]	04/23/2012 - 10/19/2012	1388.8	
		Employer You Worked For	Period of Employment	Worked	
Please see reverse					
Hours Used From Bank:	Number of hours subtracted from Bank to meet Eligibility Requirements ← If any				0.00
Premium Type:	Dependent ← Spouse <u>and</u> 1 or More Dependent(s)				
Individuals Covered By Premium:	[REDACTED]	[REDACTED]	[REDACTED]	← Name of Spouse <u>and</u> 1 or More Dependent(s)	

* Payment of claims incurred for Participants or their dependents that are ineligible for MPI health benefits is the sole responsibility of the Participant

See Summary Plan Description ("SPD")

Return this portion with your payment. Make check or money order payable to: **Motion Picture Industry Active Health Plan**
Send payment to: PO Box 60519, Los Angeles, CA 90060-0519.

Need to remove dependents from your MPI health coverage? Please check the box and make your changes on the reverse side.

PAYMENT COUPON

**If You Wish to Make Changes to Your Dependent Coverage,
Please See Reverse Side of this Form.**

Participant Name:	Participant	Payment Method
MPIID:	M12345678	<input type="checkbox"/> Check <input type="checkbox"/> Money Order
Notice Date:	12/02/2012	[REDACTED]
Amount Enclosed:	_____	
Payment Due Date:	01/16/2013	

To pay online, visit www.mpiphp.org.

Please See Below
For Payment Options