



Sample Statement

For those Members
Paying \$25.00 per Month
(Individual + Spouse/Dependent)

STATEMENT OF HOURS/ PREMIUM NOTICE

Make Your Payment Online!
www.mpiphp.org

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

Payment Due Date:	01/16/2013
Minimum Payment:	\$75
<i>(Coverage for 01/01/2013-03/31/2013 only)</i>	

Payment for Six (6) Month Coverage →

Total Amount Due:	\$150
<i>(Full Eligibility Period)</i>	

Payment for 12 Month Coverage →

Annual Payment:	\$300
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For Six (6) Months of Coverage →

Eligibility Period:	01/01/2013 - 06/30/2013
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Date Notice was Sent Out →

Notice Date:	12/02/2012
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Name of Participant
 Address
 City, State Zip

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
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Total Hours Worked:

Employer No	Name	Dates	Hours
█	█	04/23/2012 - 10/19/2012	1444.8

1444.80

↑
Employer You Worked For

↑
Period of Employment

↑
Worked

During Qualifying Period

Please see reverse

Hours Used From Bank:	Number of hours subtracted from Bank to meet Eligibility Requirements ← If any	0.00
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Premium Type: Dependent ← Spouse or 1 Dependent

Individuals Covered By Premium: █ ← Name of Spouse or 1 Dependent

** 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 checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order
Notice Date: 12/02/2012	Amount Enclosed: █
	Payment Due Date: 01/16/2013

To pay online, visit www.mpiphp.org.

Please See Below
For Payment Options