

**STATEMENT OF HOURS/
PREMIUM NOTICE**

Make Your Payment Online!

www.mpiphp.org

NAME
ADDRESS
ADDRESS
ADDRESS

Payment Due Date: 1/1/2013

Minimum Payment: \$ 150.00

(Coverage for 1/1/13 - 3/31/13 only)

Total Amount Due: \$ 300.00

(Full Eligibility Period)

Annual Payment: \$ 600.00

**Eligibility
Period:** 01/01/2013-03/31/2013

Notice Date: 12/2/2012

DESCRIPTION

Qualifying Period: 4/22/2012 - 10/20/2012		Status: Eligible		Union Code: 53	Bank of Hours Current Balance: 450.0
Hours Worked:	Employer No	Name	Dates	Hours	
	13416	AIRSTAR AMERICA, INC.	07/29/2012 - 08/04/2012	10.0	
	16094	FINNMAX, L.L.C.	07/15/2012 - 07/28/2012	40.0	
	13392	FIREFLY CREATIVE ENTERTAINMENT GROUP, INC.	07/13/2012 - 07/13/2012	14.3	
	18400	HER3SY, L.L.C.	05/13/2012 - 05/19/2012	13.0	
	3895	PARK PICTURES, L.L.C.	08/02/2012 - 08/03/2012	24.5	
	14436	SPARE PARTS FILMS, INC.	07/15/2012 - 07/21/2012	24.0	
	18783	TOO MANY TOPPINGS, INC.	08/05/2012 - 08/11/2012	15.4	
Please see reverse					
Hours Used From Bank:	Number of hours subtracted from Bank to meet Eligibility Requirements				.0
Premium Type:	Dependent				
Individuals Covered By Premium:	DEPENDENT 2	DEPENDENT 2	DEPENDENT 3	DEPENDENT 4	

* Payment of claims incurred for Participants or their dependents who are ineligible for MPI health benefits, are the sole responsibility of the Participant.
* Bank of hours info.

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Return this portion with your payment. Make check or money order payable to: **Motion Picture Industry Active Health Plan**
➤ To remove dependents from your MPI health coverage, please see reverse.

PAYMENT COUPON

		<u>PAYMENT METHOD</u>	
Participant Name:	NAME	<input type="checkbox"/> Check	<input type="checkbox"/> Money Order
MPIID:	M12345678	Amount Enclosed: \$ _____	
Notice Date:	12/2/2012	Payment Due Date: 1/16/2013	

Send payment to: PO Box 60519, Los Angeles, CA 90060-0519 or pay online at www.mpiphp.org

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Qualifying Period: 4/22/2012 - 10/20/2012		Status: Eligible	Union Code: 53	Bank of Hours
				Current Balance: 450.0
Hours Worked: (Cont.)	Employer No	Name	Dates	Hours
	6	TWENTIETH CENTURY FOX FILM CORPORATION	08/05/2012 - 09/22/2012	296.5
TOTAL HOURS:				437.7



To REMOVE one or all of your dependents from your MPI Active Health Plan Coverage, please choose one of the following:

- I elect not to cover any of my dependents*
- I elect not to cover just my dual-coverage spouse
- I elect not to cover the following dependents:

	FIRST	M.I.	LAST	This Period Only	Until Further Notice*
1.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

PARTICIPANT SIGNATURE: _____

* Any dropped dependents may only be re-enrolled at the beginning of an eligibility period unless they experience a qualifying change in coverage. If you choose to re-enroll your dependent(s) in the future, you must submit the enrollment request to MPI at least 60 days prior to the beginning of the new eligibility period.