EARNINGS DISCREPANCY FORM

If you believe that covered earnings are missing from your annual Earnings Statement or that the earnings or other information reported on your behalf are inaccurate, notify the AFTRA Retirement Fund by completing and returning this form. **Please provide all required documentation in accordance with the *Policies for Covered Earnings Inquiries* brochure** available at *www.aftraretirement.org* ("News and updates" | "Brochures") and return this form in accordance with the instructions printed on the reverse side.

Name: _____ **Earnings Statement Ref. No.:** _____

Phone: _____ **Email:** _____

Performance Date(s)	Employer Name	Payor Name	Product / Show Name / Commercial, etc.	Earnings Amount
	Description			
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	Description			

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NOTE: WE CANNOT RESEARCH EARNINGS WITHOUT A RECORD OF PAYMENT (e.g., PAY STUB, W-2, etc.) FOR EACH JOB

This form can be found by visiting the Forms section of *www.aftraretirement.org* ("Forms" | "General forms")

Please return all required documentation along with this form to:

AFTRA Retirement Plan
P.O. Box 7830
Burbank, CA 91510-7830

Email: *participantservices@sagaftraplans.org*
Portal: *https://myportal.aftraretirement.org*

NOTE - Performers have a maximum period of five years from the end of the calendar year in which earnings were or should have been credited to request a covered earnings inquiry and submit documentation to the Retirement Fund for consideration