

Premium Notice - 2014



Health Premium Notice

Make Your Payment Online: www.mpiphp.org

Notice Date: 11/01/2013

MPID: [REDACTED]

Payment Due Date: 12/16/2013



Eligibility Period: 11/01/2013 - 11/01/2013	
Current Eligibility Period Total:	\$ [REDACTED]
NSF (Non-Sufficient Fund) Fees:	
Outstanding Balance:	
Credit Applied:	
Total Due:	\$ [REDACTED]
Payment Received:	\$ [REDACTED]
Balance Due:	\$ [REDACTED]
Credit Balance:	

Payment Methods:

For your convenience, the Motion Picture Industry (MPI) Health Plans offers several payment methods for your Active Health Plan premiums:

SECURE ONLINE PAYMENTS (Highly recommended method)
The fastest and most convenient way to pay your premiums! Visit: www.mpiphp.org



PAY BY MAIL (Do not mail payment to MPI office addresses)
Mail your payment coupon with your check or money order to: MPIPHP, P.O. Box 60519, Los Angeles, CA 90060-0519



DROP OFF OR EXPRESS CREDIT CARD KIOSK
Drop off a check or money order at the MPI office closest to you or pay using our Express Credit Card Kiosk (California Only):
California: 11365 Ventura Blvd. Studio City, CA 91614-0999; New York: 145 Hudson Street, Suite 6-A, New York, NY 10013-2103



Important - Non-Sufficient Funds (NSF) or a "bounced" check will incur a \$10 processing fee and may impact coverage for you and/or your dependents. It is required that you send MPI valid payment via credit card, cashier's check or money order to continue coverage.

Payment Coupon: (Return coupon below with your payment and/or to remove your dependent(s).)

Eligibility Period: 11/01/2013 - 11/01/2013 **Payment Due Date:** 12/16/2013

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

Payment Options:
 \$ [REDACTED] Minimum required amount for the current Eligibility Period indicated above.
 \$ [REDACTED] Total due for the current Eligibility Period indicated above.
 \$ [REDACTED] Annual payment for the current Eligibility Period indicated above plus advance payment for a future eligibility period (Does not guarantee eligibility or benefits.)

Premium Type: Dependent **Participant Name:** [REDACTED] **MPID:** [REDACTED]

(You may REMOVE your dependent(s) from your MPI Active Health Plan Coverage. Please check the box adjacent to the dependent you wish to remove.)

Individuals Covered by Premium	Remove	Individuals Covered by Premium	Remove	Individuals Covered by Premium	Remove
[REDACTED]	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

PARTICIPANT SIGNATURE: _____ Date: _____

If you choose to re-enroll your dependent(s), you must submit the enrollment request at least 60 days prior to the beginning of the new eligibility period, unless they experience a qualifying change in coverage.

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Top Section:

- Notice Date
- Payment Due Date
- Eligibility Period Dates
- Total Amount Due
- Credit Balance (if any)
- MPID location change

Middle Section: Select from convenient payment methods.

- Kiosk option (CA only)

Bottom Section:

- Confirms Eligibility and Due Dates
- Payment Coupon
- Covered Dependents
- Termination request
- Signature line