

Screen Actors Guild-Producers Health Plan
3601 W. Olive Avenue, Burbank, CA 91505
Mailing Address: P.O. Box 7830 Burbank, CA 91510-7830
(818) 954-9400 * (800) 777-4013

BILLING STATEMENT

SAMPLE	Statement Date:	05/23/2011
ADDRESS	Eligibility Period:	01/01/2011 to 12/31/2011
ADDRESS	Eligibility and Plan Type:	Earned Plan I
	Account Number:	5555-5555-5555-55
	Quarterly Premium Amount:	\$ 315.00

<u>Premium Activity</u>	<u>Due Date</u>	<u>Amount Due</u>
Beginning balance:		\$ 1,128.00
Premium for July, August, September	07/01/2011	\$ 315.00
Premium for October, November, December	10/01/2011	\$ 315.00
Current balance as of statement date:		\$ 630.00

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<p>Step 1 – Visit www.sagph.org</p> <ul style="list-style-type: none"> • News and Benefit Summaries • Make a payment • Health and Pension Forms • Find Network Providers • FAQ's 	<p>Step 2 – Register</p> <p>Sign up for E-Communications:</p> <ul style="list-style-type: none"> • Take 2 Newsletters • Payment Reminders • Auto Debit 	<p>Step 3 – Manage Information</p> <ul style="list-style-type: none"> • Confirm dependent enrollment • Re-print ID Cards • View current and future eligibility
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Protect your coverage – Pay online www.sagph.org

PREMIUM RATES FOR PLAN I		
Participant Only: \$ 273.00	Participant Plus 1 Dependent: \$ 315.00	Participant Plus 2+: \$ 342.00

PAYMENT COUPON

Complete back for change of address

<u>Account Number</u>	<u>Balance</u>	<u>Payment Due Date</u>	<u>Minimum Amount Due</u>
5555-5555-5555-55	\$ 630.00	07/01/2011	\$ 315.00

Return this coupon or pay online www.sagph.org
 Make your check payable to: Screen Actors Guild-Producers Health Plan

Amount Enclosed:

SAMPLE
 ADDRESS
 ADDRESS

SAG-PHP Payment Center
 P.O. Box 30110
 Los Angeles, CA 90030-0110

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