

BENEFIT APPLICATION REQUEST FORM

Please complete and return this form **via the myPHP online benefits portal** (To register, have your Plan ID number ready and visit dgaplans.org/myPHP.), mail to **DGA-Producer Pension Plan, 5055 Wilshire Blvd, Ste. 600, Los Angeles, CA 90036**, fax to **(323) 866-2372**, or email to **pension@dgaplans.org**.

1. Provide your information.	
Participant Name	Pension Plan ID
Marital status (<i>check all that apply</i>):	
<input type="checkbox"/> I am single and have never been married.	<input type="checkbox"/> I am or have been divorced.
<input type="checkbox"/> I am married or re-married.	<input type="checkbox"/> I am or have been a widow/widower.
Address _____ _____ _____	
Telephone Number	Email Address

2. If you are currently married, provide your spouse's information.	
Spouse's Name	Spouse's Date of Birth

3. Complete the information below.	
Type of Benefit Application requested:	
<input type="checkbox"/> Basic Pension Plan	
<input type="checkbox"/> Supplemental Pension Plan	
<input type="checkbox"/> Both the Basic Pension Plan and Supplemental Pension Plan	
Benefit Commencement Date: _____	
Note: To apply for benefits, the Pension Plans must receive a written request for a benefit application at least sixty days prior to your intended benefit commencement date , which must be the 1 st day of any month (<i>e.g.</i> , 1/1/2021). This form can serve as your written request.	

4. Sign and date below.	
_____ _____	Date: _____

IMPORTANT INFORMATION WHEN CONSIDERING RETIREMENT

WHAT YOU NEED TO KNOW: HEALTH PLAN

- You may be eligible for either Retiree Carry-Over or Certified Retiree health coverage. For more information regarding the different forms of retiree health coverage, please refer to the **Retiree Coverage** section of the March 2020 Health Plan Summary Plan Description.
- Non-disabled dependent children are not eligible for coverage under your retiree health coverage. However, dependent children in existence and covered under the Health Plan at the time that you begin retiree health coverage are eligible to self-pay for health coverage at a special reduced Kid's COBRA rate. This coverage is available to eligible dependent children up to the end of the month in which the dependent turns age 26.
- Your spouse is eligible for coverage under your retiree health coverage. However, there is an additional premium due on behalf of your spouse.
- When you become eligible for Medicare coverage, you must enroll in Medicare Parts A and B. You do not need to enroll in Medicare Part D (prescription drugs). Once you are eligible for Medicare, Medicare will become the primary payer on all claims, unless you are covered under earned coverage. In addition, when you become eligible for Medicare, your retiree premium will be reduced beginning the month you commence Medicare eligibility.

WHAT YOU NEED TO KNOW: PENSION PLAN

- Provided that you meet the eligibility requirements, your effective retirement date can be the first of any month, but your Supplemental Plan payment will normally be paid two weeks after the first of the month.
- To apply for benefits, the Pension Plan must receive a written request for a retirement application at least 60 days prior to the effective retirement date on which you wish to start benefits. A signed letter of instruction will suffice or you can download a retirement application request online from the DGA-PHP website at www.dgaplans.org.
- You can mail your retirement application request to the address listed on the form or fax it to (323) 866-2372. Please include a phone number where we can reach you if we have any questions.

The information on this sheet is only a summary of Pension and Health Plan rules. For detailed information, please refer to the Health Plan and Pension Plans Summary Plan Descriptions and their updates which can be found on dgaplans.org/forms.