Screen Actors Guild-Producers Health Plan
3601 W. Olive Avenue, Burbank CA 91505
(818) 954-9400 * (800) 777-4013 (excludes Los Angeles area)

BILLING STATEMENT

PARTICIPANT NAME
ADDRESS
CITY, ST ZIP

Statement Date:	05/01/08
Eligibility Period:	07/01/2008 to 06/30/2009
Eligibility and Plan Type:	EARNED PLAN II
Account Number:	1234-1234-1234-34
Quarterly Premium Amount:	$195.00

Premium Activity	Due Date	Amount Due
Beginning balance:		$195.00
Installment Premium for July, August, September	07/01/2008	$195.00
Installment Premium for October, November, December	10/01/2008	$195.00
Installment Premium for January, February, March	01/01/2008	$195.00
Installment Premium for April, May, June	04/01/2008	$195.00
Current balance as of statement date:		$780.00

*****IMPORTANT INFORMATION*****

The minimum amount due is $195.00. You may pay more than one installment at a time up to the balance due for your current Eligibility Period. Do not pay more than $780.00. Please detach the coupon below and return it with your premium payment. The due date is the date the payment should be received at the Payment Center. There is a 15-day grace period. **If your payment is not received by the end of the grace period, your benefits will be terminated for the remainder of your Eligibility Period shown above.**

You must pay your premium by check, money order, or cashier's check in US Dollars. **Do not send cash or checks from non-US banks.** Please send your payment to our Payment Center listed on the coupon. You should not use an overnight delivery service because many of them will not deliver to a P.O. Box. **Do not send premium payments to the Plan or Guild Offices.**

Do you have a change of address? If yes, please check the box on the coupon below and complete the backside of this coupon. You must sign and date your change of address in order for the Plan Office to update your records. Return the coupon with your address change and premium payment to the Payment Center listed on the coupon below.

You may also use one of the Plan's three premium payment options: 1) Pay by Phone with a credit card, 2) Pay by Web with a credit card, or 3) Auto Debit Plan from a U.S. bank account. Please refer to the chart on the back for details.

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PAYMENT COUPON

SCREEN ACTORS GUILD-PRODUCERS HEALTH PLAN Check here if you have a new address. ☐

Account Number	Balance	Payment Due Date	Minimum Amount Due
1234-1234-1234-34	$780.00	07/01/2008	$195.00

Return this coupon with your premium payment Amount Enclosed: ☐
Make your check payable to: Screen Actors Guild-Producers Health Plan

PARTICIPANT NAME
ADDRESS
CITY, ST ZIP

SAG-PHP Payment Center
P.O. Box 30110
Los Angeles, CA 90030-0010