

Enrollment Materials Checklist

To enroll in SAG-AFTRA Health Plan coverage, complete the following materials:

Employer Request for Staff Coverage

- Required: employers should submit this form to notify the Plan of participant's full-time employment start date and salary to determine health coverage.

Participant Information Form

- Required: participant should submit this form to provide basic information to the Plan.

Designation of Beneficiaries Form

- Required: this form is used to designate beneficiaries in the event of participant's death.

Dependent Enrollment Form

- Optional: participant should complete this form to add dependent coverage. This can also be done online at <https://my.sagafttraplans.org/health>.

Authorization for Release of Health Information Form

- Optional: participant should complete this form to designate someone third parties to communicate with the Plan on their behalf. Examples include business managers, family members, or employer/union representatives.

Automatic Premium Payments Form

- Optional: participant should submit this form in order for the Plan to deduct health premiums automatically from a checking or savings account.

Premium Payroll Deduction Agreement

- Required: employer should complete this form in order to have their premiums taken directly from employee's paycheck on a pre-tax basis and sent directly to the Plan.

Return forms by mail or email to:

SAG-AFTRA NY Local
1900 Broadway/5th floor
New York, NY 10012
newyork@sagafttra.org

SAG-AFTRA Health Plan
3601 West Olive Ave., Suite 200
Burbank, CA 91505
stationstaff@sagafttraplans.org