

SAG-AFTRA Health Plan Senior Performers Health Reimbursement Account Plan

Senior Performer's Notice of Intent to Become a Participant in the HRA Plan

Senior Performer's Name: _____

Address: _____

Social Security Number: _____

Pursuant to the Notice of Proposed Class Action Settlement and accompanying HRA Notice, I hereby give notice of my intent to enroll in the SAG-AFTRA Health Plan Senior Performers Health Reimbursement Account Plan (the "HRA Plan") in order to receive any share of the initial \$15 million settlement to which I may be entitled under the Settlement Agreement as an allocation to my HRA Account.

I understand that I must actually become a participant in the HRA Plan and have an HRA Account by May 1, 2024 in order for the allocation to be made to the HRA Account. If I do not have an HRA Account by May 1, 2024, any share of the initial settlement component will be paid to me in cash.

The requirements to become a participant in the HRA Plan are explained in the HRA Notice.

Send completed signed form to the address below no later than August 1, 2023:

**SAG-AFTRA Health Fund Settlement
c/o A.B. Data Ltd.
P.O. Box 173064
Milwaukee, WI 53217**