



Fund

**American Federation
of Musicians &
Employers' Pension Fund**

One Penn Plaza - Suite 3115
New York, NY 10119
(212) 284-1200
Fax (212) 284-1255

Covered Employment Correction Claim Form

Use this form to request a correction to the Covered Earnings and/or Pension Credit amount shown on your Annual Statement of Earnings.

Please mail your completed forms, proof of wages paid and any other required documentation to:

AFM and E Pension Fund
Rachel Alt, Collections Manager
1 Penn Plaza, Suite 3115
New York, NY 10119

1. Please list only one employer per form. Complete multiple forms for multiple employers. If multiple forms are attached please check this box:
2. For each year for which Covered Earnings and/or Pension Credit is being requested, every box on each line, must be filled out for the claim to be complete.
3. Proof of wages must accompany each request.
4. Please sign and date each page. Specific instructions for each column are on the back.
5. Columns D, E, F and G should show what you believe to be the correct amounts, in other words what should be on your annual statement.

Your Name: _____ SSN/PID: _____

Employer Name: _____

Col A	Col B	Col C	Col D				Col E	Col F	Col G	Col H	Col I	Col J	Col K
Calendar Year	Type of Proof of Wages Inc.	B-Form, Session Rpt, or CBA Inc?	What you believe to be the correct amount of:				Included Overscale	Covered Earnings	Pension Credit	As shown on Annual Stmt Covered Earnings	Pension Credit	Adjustment Amt Requested Covered Earnings	Pension Credit

A letter acknowledging the receipt of your Pension Credit Review request will be sent within 10 days of your request being received by the Fund.

Signature

Date

Name Printed:

American Federation of Musicians' and Employers Pension Fund

Covered Employment Correction Claim Form - Specific Instructions

If a request for correction of the Fund's records with respect to covered employment or contributions is received by the Fund more than 6 years after the end of the calendar year in which the Participant received wages for that employment, the request will be granted only if the applicant provides the Fund with ALL of the following documentation, and the documentation establishes that the Participant is entitled to additional credit: (1) A form B session report or other applicable remittance report for the work in question; (2) a collective bargaining agreement or employer participation agreement covering the work in question; and (3) proof that the Participant received wages for the work in question.

Specific Instructions by column:

Column A - calendar year for which you are seeking an adjustment, for example 2001.
Please list each calendar year on a separate line.

Column B - Indicate the type proof of wages you are including with your request for each calendar year. A Pay Stub, 1099, W-2 or certified SSA Report are the only documents the Fund will accept as proof of wages. Proof of wages must accompany all Pension Credit Review Requests.

Column C - For adjustments requested for calendar years 1999 and earlier you must include either a copy of the B-Form, the session report form that was filed for the engagement(s) and the CBA that covered the earning reported.

Columns D through K - Dollar amounts must be listed on the form
Descriptive words such as "should be more", "incorrect" or "too low" are not acceptable.

Column D - The total amount of wages shown on the proof of wages included with your claim.

Column E - The amount of any overscale wages as defined by the applicable CBA, included in the column C amount. Pension contributions can not be granted on overscale earnings.

Column F - Column D minus Column E. This should be the correct amount of your covered earnings.

Column G - The amount you believe to be the correct pension credit on your covered earnings for this employer in this calendar year.

Column H - The amount of covered earnings for this employer in the calendar year shown in column A shown on the most recent Annual Statement of Covered Earnings that you received from the Fund. Annual Statements are mailed out each fall for work completed in the preceding calendar year.

Column I - The amount of pension credit for this employer in the calendar year shown in column A as shown on the most recent annual Statement of Covered Earnings that you received from the Fund.

Column J - The amount you are seeking to have your covered earnings adjusted for this employer for this calendar year (Column F minus Column H)

Column K - The amount you are seeking to have your pension credit adjusted for this employer for this calendar year (Column G minus Column I)