



American Federation of Musicians' and Employers Pension Fund

Covered Employment Correction Claim Form

Use this claim form to request a correction to the Covered Earnings and/or Pension Credit amount shown on your Covered Earnings Report. Specific instructions accompany this form.

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. See instructions for acceptable proof of wages.
4. Please sign and date each page. Specific instructions for each column accompany this form.
5. Columns C, D, E and F should show what you believe to be the correct amounts, in other words what you believe should be reported on your Covered Earnings Report ("CER").
6. Mail your completed form(s), proof of wages paid and any other required documentation to: AFM-EPF – Attention: Collections Manager, PO Box 2673, New York, NY 10117-0262. Your claim will be acknowledged within 10 days of its receipt at the Fund Office.

Print Your Name: _____ SSN or Pension ID: _____

Employer's Name: _____

Col A	Col B	Col C	Col D	Col E	Col F	Col G	Col H	Col I	Col J
Calendar Year	Type of Proof of Wages	What you believe to be the correct amount of:				As shown on "CER"		Adjustment Amt Requested	
		Total Wages	Included Over scale	Covered Earnings	Pension Credit	Covered Earnings	Pension Credit	Covered Earnings	Pension Credit

Signature: _____ Date: _____



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Covered Employment Correction Claim Form - Specific Instructions

Effective January 1, 2011, you must request a correction of your records with respect to contributions or Covered Employment within three years after the end of the calendar year in which you received wages for the Covered Employment. **The Fund will not consider a request for correction that is received more than three years after the year in which you received wages for the Covered Employment.**

The Annual Covered Earning Report that the Fund sends to participants each year should include all of the Covered Earning paid during the previous calendar year. For illustrative purposes of the above change effective January 1, 2011, a request to correct Covered Earnings received in 2008 that are not shown on the 2008 Annual Covered Earnings Report (which the Fund sent in September 2009) must be received by the Fund by December 31, 2011.

Specific Instructions by column:

Column A - Enter the calendar year for which you are seeking an adjustment, for example 2010. Please list each calendar year on a separate line.

Column B - Indicate the type of proof of wages that you are submitting 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 paid must accompany all Pension Credit Review Requests.

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

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

Column D - The amount of any over scale wages as defined by the applicable Collective Bargaining Agreement, included in the column C amount. Pension contributions cannot be credited on over scale wages.

Column E - Column C minus Column D. This should be the correct amount of your Covered Earnings.

Column F - The amount you believe to be the correct pension contributions for your Covered Earnings for this employer in this calendar year.

Column G - The amount of Covered Earnings for this employer in the calendar year in column A as shown on the most recent Annual Covered Earnings Report that you received from the Fund. Annual Covered Earnings Reports are available on-line and are mailed out each year for work completed in the preceding calendar year.

Column H - The amount of pension contributions for this employer in the calendar year shown in column A as shown on the most recent Annual Covered Earnings Report that you received from the Fund.

Column I - The amount you are seeking to have your Covered Earnings adjusted for this employer for this calendar year (Column E minus Column G).

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