



## Equity-League Health Insurance Premium Opt-Out Form

### AUTHORIZATION DETAILS

ActorsFCU Account Number: \_\_\_\_\_

ActorsFCU Account Type:  Power Checking (Draft)

ActorsFCU Account Name: \_\_\_\_\_

AEA Member Number: \_\_\_\_\_

AEA Member Name: \_\_\_\_\_

### OPT OUT AUTHORIZATION

This will certify that I wish to Opt Out of ActorsFCU's automated Equity-League Health Premium payments. I understand that by exercising this option, it will be my responsibility to pay all future premiums as they become due. This is effective upon submission.

### SIGNATURE

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

**Main Office**  
165 West 46<sup>th</sup> Street, 14<sup>th</sup> Flr  
New York, NY 10036

**Local 802**  
322 West 48<sup>th</sup> Street, 4<sup>th</sup> Flr  
New York, NY 10036

**Chicago**  
557 West Randolph Street, 1<sup>st</sup> Flr  
Chicago, IL 60661

**Los Angeles**  
5757 Wilshire Boulevard, Ste 655  
Los Angeles, CA 90036

**North Hollywood**  
5636 Tujunga Ave, Ste 102  
North Hollywood, CA 91601