

SAG-Producers Pension Plan | AFTRA Retirement Fund
All Information Must be Completed for Processing

Remit to SAG-AFTRA Health Plan and:

- SAG-Producers Pension Plan
AFTRA Retirement Fund

- Category I
Category II

Plan Code #
Signatory Employer
Street Address
City/State/Zip
Telephone
Email

Select Contract:

- Corporate/Educational
Interactive
Radio Program
Audiobooks

Project Title
SAG-AFTRA Production ID
SAG-AFTRA Agreement
Product/Subject (if applicable)
Advertiser/Client (if applicable)
Session Residual Deferred
Start Date of Principal Photography
Payroll End Date

List only the covered employees employed during the above indicated week who worked under SAG-AFTRA jurisdiction and for whom contributions are due the pension and health plans.

(For additional covered employees see reverse)

Table with 5 columns: Social Security Number, Original Dates Worked, Name (Last, First, Middle), Length of Each Program, Reportable Gross Compensation. Includes a row for employee categories like On-Camera Principal, Off-Camera Principal, etc.

Late Penalty: Payments and reports received over 30 days after the due date will be assessed liquidated damages and/or interest.

Total gross compensation subject to contributions \$
Employer's contribution @ % of gross compensation \$
Liquidated damages if applicable @ % \$
Make check payable to: SAG-AFTRA Health Plan Check No.
P.O. Box 54867, Los Angeles CA 90054 Phone (818) 973-4472

Signature Name Title Date

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Additional Covered Employees

List only the covered employees employed during the above indicated week who worked under SAG-AFTRA jurisdiction and for whom contributions are due the pension and health plans.

Social Security Number	Original Dates Worked	Name <i>Last, First, Middle</i>	Length of Each Program	Reportable Gross Compensation
Category	<input type="checkbox"/> On-Camera Principal <input type="checkbox"/> Off-Camera Principal <input type="checkbox"/> On-Camera Narrator <input type="checkbox"/> Silent Bit Actor <input type="checkbox"/> Non-Principal <input type="checkbox"/> Contractor <input type="checkbox"/> Background <input type="checkbox"/> Choreographer <input type="checkbox"/> Special Ability Actor <input type="checkbox"/> Solo-Duo <input type="checkbox"/> Group Singer (3 or more)			

Social Security Number	Original Dates Worked	Name <i>Last, First, Middle</i>	Length of Each Program	Reportable Gross Compensation
Category	<input type="checkbox"/> On-Camera Principal <input type="checkbox"/> Off-Camera Principal <input type="checkbox"/> On-Camera Narrator <input type="checkbox"/> Silent Bit Actor <input type="checkbox"/> Non-Principal <input type="checkbox"/> Contractor <input type="checkbox"/> Background <input type="checkbox"/> Choreographer <input type="checkbox"/> Special Ability Actor <input type="checkbox"/> Solo-Duo <input type="checkbox"/> Group Singer (3 or more)			

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If you have questions about this form contact the SAG-AFTRA Health Plan at (818) 973-4472 or employercontributions@sagaftraplans.org

For contract rates, visit www.sagaftraplans.org/rates