

SCREEN ACTORS GUILD-PRODUCERS PENSION AND HEALTH PLANS

Example of a Properly Filled out Commercial Form:

SCREEN ACTORS GUILD- PRODUCERS PENSION AND HEALTH PLANS																																																																																	
TV COMMERCIALS EXHIBIT B							Page 1 of 2																																																																										
All information on the form must be completed																																																																																	
P&H Account Number: 123456			Payroll Period: 03/01/2013		Report/Payment Date:		Commercial <input checked="" type="checkbox"/> Infomercial <input type="checkbox"/>																																																																										
Reporting Company: Payor Company, Inc. Address & Telephone: 123 Hollywood Way, Los Angeles, CA (818)555-5555					Advertiser/Parent Company: Big Box Store Brand/Product: Big Box Drinks			Product Type: Soda pop																																																																									
Print Name & Title of Person completing form: Jane Doe, Producer Signature:					Advertising Agency: Signatory Inc Production Company: Signatory Inc																																																																												
Commercial ID/Title: We Love Pop!			Length (in seconds): 30		Original Session Date(s): 02/14/2013		1st Air Date: 03/15/2013																																																																										
LH ID/Title:			Length (in seconds):		CYCLE DATES: 03/15/2013 - 06/14/2013																																																																												
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<p>Only Producers who are signatory* to an applicable collective bargaining contract of the Screen Actors Guild are eligible to make contributions to the Screen Actors Guild-Producers Pension and Health Plans on behalf of the eligible Performers employed by such Producers. Any contributions submitted by a non-signatory* Producer will not be accepted.</p> <p>I certify that the above-named Employer is signatory* to such a collective bargaining agreement with the Screen Actors Guild. By signing this agreement, Producer acknowledges that it has accepted and agreed to be bound by the Pension & Health Provisions established by the collective bargaining agreement to which Producer is signatory. I further certify that the information contained herein is correct, and that all compensation subject to contributions earned by performers in our employ during the period covered has been reported herein.</p>																																																																																	
<table border="0" style="width: 100%; font-size: small;"> <tr> <td>Signature: </td> <td>Name: Jane Doe</td> <td>Title: Producer</td> <td>Date: 3/1/13</td> </tr> </table> <p>*A Producer will be considered to be "signatory" if the producer is a party to a collective bargaining agreement with the Screen Actors Guild, or, if the collective bargaining agreement has expired, the producer is obligated by federal law to continue to make such contributions.</p>										Signature:	Name: Jane Doe	Title: Producer	Date: 3/1/13																																																																				
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TV COMMERCIALS EXHIBIT B			Page 1 of 2
All Information on the form must be completed			
P&H Account Number: 1	Payroll Period: 2	Report/Payment Date:	Commercial <input type="checkbox"/> 5 Infomercial <input type="checkbox"/>
Reporting Company, Address & Telephone: 3	Advertiser/ Parent Company: 6		Product Type: 8
	Brand/Product: 7		
Print Name & Title of Person completing form: 4	Advertising Agency: 9		
Signature:	Production Company: 10		

1. The **P&H Account Number** is the Studio Code Number assigned by SAG-Producers Pension and Health Plans for the Signatory Producer. Please note, that this may or may not be the same number assigned to the company by the SAG-AFTRA Guild offices. Please call the Plan office at 818-973-4472 if you do not know your number.
2. The **Payroll Period** identifies the date that the employee (talent) was paid and will determine the quarter that earnings are credited to. This should be the date the check was made to the performer.
3. The **Reporting Company** is the name of the company that is writing the contribution check to the Plans.
4. Please give your name so we know the person to contact in case the Plans have any questions on the report. This can include missing information, questions on payment amounts, etc.
5. Use this field to indicate whether the project is a **Commercial** or an **Infomercial**.
6. The **Advertiser** refers to the company that is paying for the commercial to be made
7. The **Brand/Product** refers to the product that is being advertised
8. The **Product Type** refers to what the product is (ie car, health care, clothing, etc.)
9. The **Advertising Agency** should be the party that is signatory to the appropriate SAG or SAG-AFTRA Commercials contract. This will normally be the same as the reporting company
10. The **Production Company** should be noted if different than the Advertising Agency

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Commercial ID/Title	11	Length (in seconds)	12	Original Session Date(s):	13	1st Air Date:	14
Lift ID/Title		Length (in seconds)		CYCLE DATES:	15		
If New ID, indicate Last reported ID:			16	REPORT TYPE: <input type="checkbox"/> SESSION <input type="checkbox"/> HOLDING <input type="checkbox"/> USE <input type="checkbox"/> CREDIT (Clarify in comments) <input type="checkbox"/> OTHER (Specify in comments)			Check here <input type="checkbox"/> if Spanish Language

11. The **Commercial ID** is the AD-ID or ISCI, if available. If not, please add the title so as to distinguish this production from others advertising the same product.
12. The **Length** in seconds of the commercial.
13. The **Original Session Date** refers to the date that actors were first on set filming this commercial
14. The **1st Air Date** is the date the commercial is first aired
15. The **Cycle Dates** will normally be the 13 week period in which the commercial will run
16. The **Report Type** refers to what type of payment is being made. Is it payment for the session, for a holding fee, for a use fee?

PROGRAM <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> With NY <input type="checkbox"/> Class C	DEALER <input type="checkbox"/> Type A <input type="checkbox"/> With NY <input type="checkbox"/> Type B <input type="checkbox"/> With NY	CABLE <input type="checkbox"/> Made for <input type="checkbox"/> Fm Broadcast <input type="checkbox"/> Cable Maximum (2000 Units) If less, enter Total Cable Units:	FOREIGN <input type="checkbox"/> Rest of World <input type="checkbox"/> United Kingdom <input type="checkbox"/> Europe <input type="checkbox"/> Japan <input type="checkbox"/> Asia/Pacific	SPANISH LANGUAGE <input type="checkbox"/> Program <input type="checkbox"/> Spot Total Spot Units:		
U INTERNET <input type="checkbox"/> Made-For <input type="checkbox"/> 8-Week <input type="checkbox"/> 1-Year <input type="checkbox"/> Move-Over <input type="checkbox"/> 8-Week <input type="checkbox"/> 1-Year	<input type="checkbox"/> Theatrical/Industrial Exhibition <input type="checkbox"/> South-/Central-Amer./Mexico <input type="checkbox"/> Other (Specify in Comments) <input type="checkbox"/> Caribbean/Puerto Rico					
S NEW MEDIA <input type="checkbox"/> Made-For <input type="checkbox"/> 8-Week <input type="checkbox"/> 1-Year <input type="checkbox"/> Move-Over <input type="checkbox"/> 8-Week <input type="checkbox"/> 1-Year						
E W I L T D Y P S E O T	<input type="checkbox"/> NEW YORK <input type="checkbox"/> Grand Rapids <input type="checkbox"/> Philadelphia <input type="checkbox"/> W. Palm Beach <input type="checkbox"/> LOS ANGELES <input type="checkbox"/> Greenville <input type="checkbox"/> Phoenix <input type="checkbox"/> Mexico City <input type="checkbox"/> CHICAGO <input type="checkbox"/> Harrisburg <input type="checkbox"/> Pittsburgh <input type="checkbox"/> Montreal <input type="checkbox"/> Atlanta <input type="checkbox"/> Hartford/N. Haven <input type="checkbox"/> Portland Or <input type="checkbox"/> Puerto Rico <input type="checkbox"/> Baltimore <input type="checkbox"/> Houston <input type="checkbox"/> Raleigh-Durham <input type="checkbox"/> Toronto <input type="checkbox"/> Birmingham <input type="checkbox"/> Indianapolis <input type="checkbox"/> Sacramento <input type="checkbox"/> Vancouver BC <input type="checkbox"/> Boston <input type="checkbox"/> Kansas City <input type="checkbox"/> Salt Lake City <input type="checkbox"/> Charlotte <input type="checkbox"/> Las Vegas <input type="checkbox"/> St. Louis <input type="checkbox"/> Cincinnati <input type="checkbox"/> Miami <input type="checkbox"/> San Antonio <input type="checkbox"/> Cleveland <input type="checkbox"/> Milwaukee <input type="checkbox"/> San Diego <input type="checkbox"/> Columbus, OH <input type="checkbox"/> Minneapolis/St. Paul <input type="checkbox"/> San Francisco <input type="checkbox"/> Dallas/Ft. Worth <input type="checkbox"/> Nashville <input type="checkbox"/> Seattle/Tacoma <input type="checkbox"/> Denver <input type="checkbox"/> Norfolk <input type="checkbox"/> Tampa <input type="checkbox"/> Detroit <input type="checkbox"/> Orlando <input type="checkbox"/> Washington DC			(a) Gross Payment (Sum Col. 9, all pages) \$ _____ (b) CONTRIBUTION 04/01/09 → 15.50% \$ _____ 10/30/06 → 14.80% \$ _____ 10/30/03 → 14.30% \$ _____ 10/30/00 → 13.30% \$ _____ 2/7/94 → 12.65% \$ _____ 2/7/92 → 12.50% \$ _____ (c) Make checks payable to: SAG-PRODUCERS PENSION & HEALTH PLANS.	No. of Additional Cities: Total Spot Units:	FOR OFFICE USE ONLY Check No. Pmt. Amt. Date Recd.

Please check the appropriate boxes in this section. If it is not applicable, please leave them blank.

SCREEN ACTORS GUILD-PRODUCERS PENSION AND HEALTH PLANS

CLASS A USE DETAIL List additional uses in Comments or on a separate report <input type="checkbox"/> 13 Use Guarantee Applied						In "L/D" Column, mark uses of "included lift" with "L," mark uses to which discount applies with "D." Note any separate Use Number sequence for uses of 10-/15-second version in Comments.					
Use #	L/D	Date	Program	Use #	L/D	Date	Program	Use #	L/D	Date	Program
Comments 											

If payments are made late, please add appropriate Liquidated Damages to the area above.

(1) Social Security Account Number	(2) Performer's Name			(3) Perf. Categ	(4) Camera		(6) If Session Report, Indicate			(8) If upgrade, show amount already paid for cycle	(9) Gross Payment	(10) Check if Multi Service Contract
	Last	First	Initial		On	Off	No. of Commis	Date(s) Worked	Birthdate, if under age 4			
17				18							19	20

17. The **Social Security Account Number** for the Performer(s) is required here. Please do not submit FID/EIN, etc. information here. In order to process the earnings and provide proper credit to the performer, we require a valid SSN.
18. The **Performer Category** is where you will indicate if the payment was for a performer or background actor. It is also an area where a Multi Service Contract will be indicated. Please indicate the applicable code here:
 - a. E- Extra/Background Performer
 - b. P-Principal Performer
 - c. CHR- Dance Choreographer
 - d. MSC- Multi Service Contract
19. The **Gross Payment** Please indicate the Performer Compensation that is subject to Pension and Health contributions (i.e. do not report meal penalties, mileage, etc. as they are not reportable to the Plans). If the contract has a reporting limit or ceiling, please report only up to that limit.
20. **Multiple Service Contracts** need to be indicated with a check mark here. A multi service contract should be indicated for any performer that is contracted to do advertising work that extends beyond just a commercial. For example, if the ad campaign includes a TV commercial, a billboard, and a radio commercial, that is an MSC.

SCREEN ACTORS GUILD-PRODUCERS PENSION AND HEALTH PLANS

Total Gross Compensation Subject to Contributions	\$	21
Employer's Contribution @ % of Gross Compensation	\$	22
Special Rate Code		23
Make check payable to: SCREEN ACTORS GUILD-PRODUCERS PENSION AND HEALTH PLANS	Check No.	24
P.O. Box 54867, Los Angeles CA 90054-0867	Phone (818) 973-4472	

21. The **Total Gross Compensation** is the sum of the Performer Gross Compensation from above.
22. The **Employer's Contribution**- Please indicate the contribution percentage being paid and the total contribution amount. Please see page two of the contribution form for details.
23. The **Special Rate**- There are lower rates for certain project and residual types. If you are not paying the standard rate, please indicate what rate type you are paying. Please refer to page two for the contribution form for the codes.
24. The **Check Number** refers to the number on the contribution check that is sent to the Plans.