

**SCREEN ACTORS GUILD- PRODUCERS PENSION AND HEALTH PLANS  
CORPORATE / EDUCATIONAL & NON-BROADCAST WEEKLY REPORT OF CONTRIBUTIONS**

ALL INFORMATION IN THE FORM MUST BE COMPLETED FOR PROCESSING

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<b>Studio Code #</b> _____ <b>Signatory Employer</b> _____ <b>Street Address</b> _____ <b>City &amp; State</b> _____ <b>Zip</b> _____ <b>Telephone ( )</b> _____ <b>Date Principal Photography Commenced</b> _____ <b>Payroll Period End Date</b> _____ <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;"> <b>FOR OFFICE USE ONLY</b>                  Check No. _____                  Amount \$ _____                  Date Received _____             </div>	<b>Liquidated Damages:</b> Reports received over 30 days after the <b>PAYROLL PERIOD ENDING</b> Date will be assessed 10% of the contributions due. Reports received over 60 days after the <b>PAYROLL PERIOD ENDING</b> Date will be assessed 20% of the contributions due. Effective January 1, 1989: Failure to supply project titles and social security numbers of all performers for which contributions are being remitted will result in the assessment of liquidated damages in the amount of 10% of the Pension and Health contributions due. If the Producer's failure to supply the data requested continues for 60 or more days, then liquidated damages of 20% of the contribution due will be assessed. <b>Program Title</b> _____ <b>Program ID</b> _____ Category I <input type="checkbox"/> Category II <input type="checkbox"/> Product/Subject _____ Advertiser/Client _____ Production Company _____ Advertising Agency _____ Paymaster _____ <b>Length</b> _____
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SOCIAL SECURITY NUMBER	ORIGINAL DATES WORKED	PERFORMER'S NAME <small>LAST FIRST MIDDLE</small>			PERFORMER CATEGORY			IF SUPPLEMENTED OR EXPANDED USE ENTER ORIGINAL AMOUNT PAID	DATES FILED FOR SUPPLEMENTAL USE	TOTAL GROSS COMPENSATION SUBJECT TO CONTRIBUTION
					PRIN EXT N S/D G C	CHR O/C V/O	D/P 3 D/P W-5 W-6			

**Total Gross Compensation Subject to Contributions** \_\_\_\_\_ \$ \_\_\_\_\_

**Employer's Contribution @** \_\_\_\_\_ % of Gross Compensation \_\_\_\_\_ \$ \_\_\_\_\_

**Liquidated Damages @** \_\_\_\_\_ % (See above) \_\_\_\_\_ \$ \_\_\_\_\_

Make check payable to: SCREEN ACTORS GUILD-PRODUCERS PENSION AND HEALTH PLANS Check No. \_\_\_\_\_  
 P.O. Box 54867, Los Angeles CA 90054-0867 Phone (818) 973-4472

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/Background Actors employed by such Producers. Any contributions submitted by a non-signatory\* Producer will not be accepted.

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/Background Actors in our employ during the period covered has been reported herein.

Signature \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

\*A Producer will be considered to be signatory if the producer is a party to a collective bargaining agreement with the Screen Actors Guild.

**SCREEN ACTORS GUILD- PRODUCERS PENSION AND HEALTH PLANS  
Corporate/Educational & Non-Broadcast Reporting Form**

1. Use this form to report production, editing or use of Corporate/Educational & Non-Broadcast programs
2. Report each Corporate/Educational & Non-Broadcast program on a separate form, or when start date of principal photography or cast differs
3. Mail copy of P&H report to SAG office nearest the city in which the program was made, refer to SAG branch addresses at [www.sag.org/branches](http://www.sag.org/branches).
4. Additional information and forms may be obtained by referring to the Plans website at [www.sagph.org/StudioWeb](http://www.sagph.org/StudioWeb) or by request via U.S. Mail to: SAG-Producers Pension & Health Plans, P.O. Box 54867, Los Angeles, CA 90054-0867

**PERFORMERS & BACKGROUND ACTORS/ CORPORATE/EDUCATIONAL & NON-BROADCAST PROGRAMS**

- 15.50% Rate: For pictures produced on or after 05-01-11 (and Use Fees thereon)
- 15.30% Rate: For pictures produced on or after 11-01-09 (and Use Fees thereon)
- 14.80% Rate: For pictures produced on or after 05-01-08 (and Use Fees thereon)
- 14.30% Rate: For pictures produced on or after 05-01-05 (and Use Fees thereon)
- 13.30% Rate: For pictures produced on or after 05-01-02 (and Use Fees thereon)
- 13.15% Rate: For pictures produced on or after 05-01-96 (and Use Fees thereon)
- 12.65% Rate: For pictures produced on or after 05-01-93 (and Use Fees thereon)
- 12.50% Rate: For pictures produced on or after 05-01-90 (and Use Fees thereon)
- 11.50% Rate: For pictures produced on or after 10-01-88 (and Use Fees thereon)
- 11.00% Rate: For pictures produced on or after 12-01-85 (and Use Fees thereon)
- 10.00% Rate: For pictures produced on or after 02-07-82 (and Use Fees thereon)
- 9.00% Rate: For pictures produced on or after 08-01-79 (and Use Fees thereon)
- 8.50% Rate: For pictures produced between 05-01-75 and 07-31-79 (and Use fees thereon)

**CHOREOGRAPHERS**

Please refer to [www.sagph.org/employer](http://www.sagph.org/employer) for choreographer forms and reporting instructions; or contact the Plans at [choreographer@sagph.org](mailto:choreographer@sagph.org).

**EMPLOYMENT CATEGORIES**

CATEGORY I	=	In-House Training	C	=	Contractor
CATEGORY II	=	Point-of-Purchase	V/O	=	Voiceover Rate
PRIN	=	Principal Performer	D/P	=	Day Player Rate
EXT	=	Background Actor	3 D/P	=	3-Day Player Rate
N	=	Narrator	W-5	=	Weekly Player - Studio
O/C	=	On Camera Rate	*W-6	=	Weekly Player - Overnight Location
S/D	=	Solo/Duo			
G	=	Group			
CHR	=	Choreographer			

\* Available only for players hired on a weekly basis on an overnight location who spend a Saturday at the location.

NOTE: Reports received over 30 days late will be assessed 10% of the contributions due.  
Reports received over 60 days late will be assessed 20% of the contributions due.