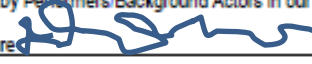


SCREEN ACTORS GUILD-PRODUCERS PENSION AND HEALTH PLANS

Example of a properly filled out Corporate/Educational & Non-Broadcast Form:

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								Page 1 of 2		
Studio Code # <u>123456</u> Signatory Employer <u>Educational Films Inc.</u> Street Address <u>123 Main St.</u> City & State <u>Hollywood, CA</u> Zip <u>90000</u> Telephone (<u>310</u>) <u>555-5555</u>				Liquidated Damages: Reports received over 30 days after the PAYROLL PERIOD ENDING Date will be assessed 10% of the contributions due. Reports received over 60 days after the PAYROLL PERIOD ENDING 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.						
Date Principal Photography Commenced <u>02/14/2013</u> Payroll Period End Date <u>02/17/2013</u>				Program Title <u>How to Learn</u> Program ID <u>123</u> Category I <input checked="" type="checkbox"/> Category II <input type="checkbox"/> Product/Subject <u>Learning</u> Advertiser/Client <u>How to Learn, Inc</u> Production Company <u>Educational Films Inc</u> Advertising Agency <u>Educational Films Inc</u> Paymaster <u>Payroll Payers</u> Length <u>30 min</u>						
FOR OFFICE USE ONLY										
Check No. _____ Amount \$ _____ Date Received _____										
SOCIAL SECURITY NUMBER	ORIGINAL DATES WORKED	PERFORMER'S NAME			PERFORMER CATEGORY			IF SUPPLEMENTED OR EXPANDED USE ENTER ORIGINAL AMOUNT PAID	DATES FILED FOR SUPPLEMENTAL USE	TOTAL GROSS COMPENSATION SUBJECT TO CONTRIBUTION
		LAST	FIRST	MIDDLE	PRIN EXT N S/D G C	CHR C/C V/O	DIP 3 DIP W4 W4			
123-45-6789 987-65-4321	02/14/13	Actonson, Actor A			Prin					1,000.00 1,000.00
Total Gross Compensation Subject to Contributions \$ 2000.00 Employer's Contribution @ 15.5 % of Gross Compensation \$ 310.00 Liquidated Damages @ 0 % (See above) \$ 0										
Make check payable to: SCREEN ACTORS GUILD-PRODUCERS PENSION AND HEALTH PLANS Check No. <u>123456</u> 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-Productions 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 <u>Joe Producer</u>		Title <u>Producer</u>		Date <u>02/20/2013</u>		
*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

Explanation of Fields

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	
Page 1 of 2	
Studio Code # 1 _____ Signatory Employer 2 _____ Street Address _____ City & State _____ Zip _____ Telephone () _____ Date Principal Photography Commenced 3 _____ Payroll Period End Date _____ 4 _____	Liquidated Damages: Reports received over 30 days after the PAYROLL PERIOD ENDING Date will be assessed 10% of the contributions due. Reports received over 60 days after the PAYROLL PERIOD ENDING 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.
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; text-align: center; font-weight: bold;">FOR OFFICE USE ONLY</div> Check No. _____ Amount \$ _____ Date Received _____	Program Title 5 _____ Program ID 6 _____ Category I 7 <input type="checkbox"/> Category II <input type="checkbox"/> Product/Subject _____ Advertiser/Client _____ Production Company _____ Advertising Agency _____ Paymaster _____ Length _____

1. The **Studio Code Number** we require is the one 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 **Signatory Employer** is the name of the employing entity/production company that has signed the applicable SAG-AFTRA contract.
3. The **Date Principal Photography Commenced** is the first day of shooting. There should only be one Start Date of Principal Photography per project. This date will determine the SAG-AFTRA contract the project is produced under and the P&H rate to be used for the production.
4. The **Payroll Period End Date** 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.
5. The **Program Title** refers to the name of the picture being made.
6. The **Program ID** is the internal ID from the signatory or the paying entity's systems. If this number is not available, use the production ID number that is assigned by SAG-AFTRA
7. Please indicate whether this project is **Category I** or **Category II** by checking the appropriate box.

SCREEN ACTORS GUILD-PRODUCERS PENSION AND HEALTH PLANS

SOCIAL SECURITY NUMBER	ORIGINAL DATES WORKED	PERFORMER'S NAME LAST FIRST MIDDLE			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			
										

8. **Social Security Number** – The Performer’s SSN 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.
9. **Performer Category** is where you will indicate what type of performer the payment was for. Separate forms should be filled out for each performer type.
 - Please use the first column to report:
 - PRIN – Principal
 - EXT – Extra
 - N – Narrator
 - S/D – Solo/Duo
 - G – Group
 - C – Contractor
 - Please use the second column to report:
 - CHR – Dance Choreographers
 - If you are reporting on dance choreographers, please note earnings are subject to review by the Plans based on section 6.G of Schedule J of the Codified Basic Agreement and the Choreographer Form must be filled out to be considered.
 - O/C – Off Camera
 - V/O – Voice Over
 - Please use the third column to report:
 - D/P – Day Player
 - 3 D/P – Three Day Player
 - W-5 – Weekly Player Studio
 - W-6 – Weekly Player Overnight Location
10. **Reportable Gross Compensation**- 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).

SCREEN ACTORS GUILD-PRODUCERS PENSION AND HEALTH PLANS

Total Gross Compensation Subject to Contributions	_____	\$	11
Employer's Contribution @ _____ % of Gross Compensation	_____	\$	12
Liquidated Damages @ 0 % (See above)	_____	\$	13
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	

- 11. Total Gross Compensation Subject to Contributions** is the sum of the Performer Reportable Gross Compensation from above.
- 12. Employer Contributions-** Please indicate the contribution percentage being paid and the total contribution amount. Please see page two of the contribution form for details.
- 13. Liquidated Damages-** If contributions are late, Liquidated Damages are due. The amount is based on the total contributions not wages. Please follow instructions on the top right of the Contribution Reporting Form.