

# SCREEN ACTORS GUILD- PRODUCERS PENSION AND HEALTH PLANS INTERACTIVE/MULTIMEDIA REPORTING FORM

All Information on the form must be completed

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**Studio Code #** \_\_\_\_\_

**Signatory Employer** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City & State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone** ( ) \_\_\_\_\_

**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 contributions due will be assessed.

**Date Principal Photography Commenced** \_\_\_\_\_

**Payroll Period Ending** \_\_\_\_\_

**Interactive/Multimedia**

**Project Title** \_\_\_\_\_

**Project ID** \_\_\_\_\_

**Product/Subject** \_\_\_\_\_

**Production Company** \_\_\_\_\_

**Pavmaster** \_\_\_\_\_

**Length** \_\_\_\_\_ **Project Type** \_\_\_\_\_ **Sub Project Type:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Check No. \_\_\_\_\_

Amount \$ \_\_\_\_\_

Date Received \_\_\_\_\_

SOCIAL SECURITY NUMBER (Must be Completed)	ORIGINAL DATES WORKED	PERFORMER'S NAME LAST FIRST MIDDLE INITIAL			PERFORMER CATEGORY			IF SUPPLEMENTED OR EXPANDED USE ENTER ORIGINAL AMOUNT PAID	DATES FILED FOR SUPPLEMENTAL USE	REPORTABLE GROSS COMPENSATION
					PRIN EXT	CHR O/C V/O	D/P 3 D/P W-5			

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

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

**Special Rate Code** \_\_\_\_\_

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 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 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

1. Use this form to report production, Editing or use of programs
2. Report programs with different casts, or for different programs, on separate forms
3. Mail copy of P&H report to SAG office nearest the city in which the program was made, refer to SAG branch addresses on [www.sag.org/branches](http://www.sag.org/branches).

**Schedule of Contributions to Screen Actors Guild-Producers Pension and Health Plans**

**ACTORS**

- 14.30% Rate: For programs produced on or after 07-29-05 (and Re-Run Fees thereon)
- 13.30% Rate: For programs produced on or after 01-01-02 (and Re-Run Fees thereon)
- 12.65% Rate: For programs produced on or after 05-01-93 (and Re-Run Fees thereon)

**Schedule of Contributions to Screen Actors Guild-Producers Pension and Health Plans**

**BACKGROUND PERFORMERS**

- 13.30% Rate: For programs produced on or after 01-01-02 (and Re-Run Fees thereon)
- 12.65% Rate: For programs produced on or after 05-01-93 (and Re-Run Fees thereon)

**CHOREOGRAPHERS**

Please refer to [www.sagph.org/employer](http://www.sagph.org/employer) web site for detail on how to report and forms

**EMPLOYMENT CATEGORY**

PRIN	=	PRINCIPAL	C	=	CONTRACTOR
EXT	=	Background	V/O	=	VOICE OVER RATE
N	=	NARRATOR	D/P	=	DAY PLAYER RATE
O/C	=	ON CAMERA RATE	3 D/P	=	3 DAY PLAYER RATE
S/D	=	SOLO/DUO	W-5	=	WEEKLY PLAYER - STUDIO
G	=	GROUP	CHR	=	CHOREOGRAPHER

**SPECIAL RATE CODES**

S= Supplemental	I = Internet
L = Side Letter	C = Cell Phone
P = Pilot	O = Other
H - Home Video	