

SCREEN ACTORS GUILD-PRODUCERS PENSION AND HEALTH PLANS

Example of a Properly Filled out New Media Form:

SCREEN ACTORS GUILD-PRODUCERS PENSION AND HEALTH PLANS					page 1 of 2	
PROGRAMS MADE FOR NEW MEDIA WEEKLY REPORT OF CONTRIBUTIONS						
ALL INFORMATION ON THE FORM MUST BE COMPLETED FOR PROCESSING						
Studio Code # 123456 Signatory Employer New Media Company, Inc. Street Address 123 Main Street City & State Hollywood, CA Zip 90000 Telephone (818) 321-3210	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.					
FOR OFFICE USE ONLY Check No. _____ Amount \$ _____ Date Received _____	Start Date of Principal Photography <u>January 4, 2013</u> Payroll Period End Date <u>January 14, 2013</u> Name of Program Made for New Media <u>Internet Show - Episode 1</u> Length <u>5 min.</u> Program Made for New Media Production ID# <u>123</u>					
List only the Performers and/or Background Actors employed during the above indicated week <u>WHO WORKED UNDER S.A.G. JURISDICTION</u> and for whom contributions are due the Pension and Health Plans.						
Report Performers and Background Actors Separately						
SOCIAL SECURITY NUMBER	PERFORMER/BACKGROUND ACTOR NAME			CATEGORY		REPORTABLE GROSS COMPENSATION
	LAST	FIRST	INITIAL	PERFORMER Sessions-S Residuals - R Deferred-D	BACKGROUND ACTOR Sessions-S Deferred-D	
111-11-1111 222-22-2222	VonActress, Actress A Actorson, Actor A			S S		1,000.00 1,000.00
Total Gross Compensation Subject to Contributions				\$ 2,000.00		
Employer's Contribution @ 16.5 % of Gross Compensation				\$ 330.00		
Liquidated Damages @ 0 % (See above)				\$ 0		
Make check payable to: SCREEN ACTORS GUILD-PRODUCERS PENSION AND HEALTH PLANS Check No. <u>123456789</u> Mail Original of P & H Report with contributions payment check to: P.O. Box 64887, Los Angeles CA 90064-8887 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 <u>Joe Producer</u> Title <u>Producer</u> Date <u>01/20/2013</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, or if the collective bargaining agreement has expired, the producer is obligated by federal law to continue to make such contributions.						

Revised 02/03/2012

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Explanations of Fields

SCREEN ACTORS GUILD- PRODUCERS PENSION AND HEALTH PLANS PROGRAMS MADE FOR NEW MEDIA WEEKLY REPORT OF CONTRIBUTIONS		page 1 of 2
ALL INFORMATION ON THE FORM MUST BE COMPLETED FOR PROCESSING		
<p>Studio Code # 1 _____</p> <p>Signatory Employer 2 _____</p> <p>Street Address _____</p> <p>City & State _____ Zip _____</p> <p>Telephone () _____</p>	<p>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.</p> <p>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.</p>	
<p style="text-align: center;">FOR OFFICE USE ONLY</p> <p>Check No. _____</p> <p>Amount \$ _____</p> <p>Date Received _____</p>	<p>Start Date of Principal Photography 3 _____ 4 _____</p> <p>Payroll Period End Date _____</p> <p>Name of Program Made for New Media 5 _____</p> <p>Length 6 _____ Program Made for New Media Production ID# 7 _____</p>	
<p>List only the Performers and/or Background Actors employed during the above indicated week <u>WHO WORKED UNDER S.A.G. JURISDICTION</u> and for whom contributions are due the Pension and Health Plans.</p>		

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 **Start Date of Principal Photography** 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 **Name of Program Made for New Media** is the Title of the program made. If this is an episodic production, please indicate both the name of the series and of the episode.
6. Please add the **Length** in minutes.
7. The **Production ID** is the internal picture 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

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Report Performers and Background Actors Separately						
SOCIAL SECURITY NUMBER	PERFORMER/BACKGROUND ACTOR NAME <small>LAST FIRST INITIAL</small>			CATEGORY		REPORTABLE GROSS COMPENSATION
				PERFORMER Sessions-S Residuals - R Deferred-D	BACKGROUND ACTOR Sessions-S Deferred-D	
8				9		10

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. **Category** is where you will indicate if the payment was for a performer or background actor.
 - If the payment was for a performer, use ‘S’ for session payments, ‘R’ for residual payments, and ‘D’ for deferred compensation payments in the appropriate column. Deferred Compensation payment reporting should be based on the definition described by SAG-AFTRA.
 - For background actor reporting, use ‘S’ for session payments and ‘D’ for deferred compensation payments in the appropriate column. Deferred Compensation payment reporting should be based on the definition described by SAG-AFTRA.
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). If the contract has a reporting limit or ceiling, please report only up to that limit.

Total Gross Compensation Subject to Contributions	\$		11
Employer's Contribution @ % of Gross Compensation	\$		12
Liquidated Damages @ % (See above)	\$		13
Make check payable to: SCREEN ACTORS GUILD-PRODUCERS PENSION AND HEALTH PLANS			Check No. _____
Mail Original of P & H Report with contributions payment check to:			
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 of the Contribution Reporting Form.