

SCREEN ACTORS GUILD – PRODUCERS PENSION AND HEALTH PLANS

STANDARDS FOR THE SUBMISSION OF PENSION AND HEALTH CONTRIBUTIONS ON BEHALF OF CHOREOGRAPHERS

In accordance with Section 6.G of Schedule J of the Codified Basic Agreement and Schedule A.I.F.F.3 of the Commercials Contract regarding Pension and Health Contributions for Choreographers, the following procedures shall be followed in order to verify that the required criteria are met in order to accept such contributions, pursuant to the requirements of the Agreement. The process will begin with inquiries received by the Plan Office.

- The Producer must contact the Plan Office to verify that the participant has 5 years of qualified Health Plan eligibility.
 - The 5 years do not have to be consecutive
 - It is sufficient for the participant to have met the earnings threshold for eligibility, but it is not necessary for the participant to have paid the employee premium in order to count that year as one of the 5 years of qualified Health Plan eligibility
 - The work does not need to be solely from dancing, since this cannot be verified
- An Eligibility Verification for Choreographers Form (see attachment) must be completed to verify a participant's eligibility for this provision. This form will be available by request at the Plan Office or can be downloaded at www.sagph.org. This form will also be included with the SAG information packet provided to Producers. The following information must be provided:
 - Participant Name & Social Security Number
 - Company Name, Type of Production, & Project Title
- The completed Form must be submitted to the Plan Office for eligibility verification.
- The Plan Office will return the Form to the Producer, indicating whether or not the participant meets the requirements for the earnings to be reported to the Plans.
 - If the participant qualifies, the Plan Office will request that the Producer provide the Plans with a copy of the performer's contract. This will be reviewed to ensure that only qualified compensation is reported, and that it is reported in the amount and manner prescribed by the Agreement.
 - Contributions shall be paid on behalf of choreographers based on the solo/duo dancer rate of compensation.
 - If the participant does not qualify, no further action is required.

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Eligibility Verification for Choreographers

Section 1 (To be completed by Employer)		
Signatory Company:		
Type of Production:		
Project Title:		
Performer's Name:		
Performer's SSN#:		
Requested By:		Date:
FAX #:		
Telephone #:		

Section 2 (To be completed by the Plan Office)	
Has the performer qualified for Health coverage under the Plans for at least 5 years?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Verified By: _____	Date: _____

Section 3 (To be completed by Employer)	
If Yes, the performer is qualified under this provision. Please submit a copy of the performer's SAG Contract and this completed form to:	
By Mail:	Screen Actors Guild - Producers Pension & Health Plans Attention: Participant Eligibility Department P O Box 7830, Burbank, CA 91510-7830
By FAX:	818-973-4465
By Email:	choreographer@sagph.org
If No, the performer does not meet the qualifications under this provision. No further action is required.	
<i>* If you have any questions, please call the Participant Eligibility Department at (818) 954-9400.</i>	