

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.

The producer must contact the Plan 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 or can be downloaded at www.sagaftraplans.org/employers. This form will also be included with the SAG-AFTRA 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 for eligibility verification.

The Plan 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 will request that the producer provide 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.

Eligibility Verification for Choreographers

Section 1

To be completed by Employer

Signatory company: _____

Type of production: _____

Project title: _____

Participant's name: _____

Participant's SSN#: _____

Requested by: _____ Date: _____

Fax #: _____ Telephone #: _____

Section 2

To be completed by the Plan

Has the participant qualified for health coverage under the Plan for at least 5 years?

Yes No

Verified by: _____ Date: _____

Section 3

To be completed by Employer

If yes, the participant is qualified under this provision. Please submit a copy of the participant's SAG-AFTRA contract and this completed form to:

By mail:

SAG-AFTRA Health Plan
Attention: Participant Eligibility department
P. O. Box 7830, Burbank, CA 91510-7830

By fax: 818-973-4465

By email: choreographer@sagaftraplans.org

If no, the participant does not meet the qualifications under this provision. No further action is required.

* If you have any questions, please call the Plan at (800) 777-4013.