

SCREEN ACTORS GUILD-PRODUCERS PENSION AND HEALTH PLANS

Example of a properly filled out Television Contribution Form:

SCREEN ACTORS GUILD- PRODUCERS PENSION AND HEALTH PLANS TELEVISION WEEKLY REPORT OF CONTRIBUTIONS					Page 1 of 2	
ALL INFORMATION ON THE FORM MUST BE COMPLETED FOR PROCESSING						
Studio Code # <u>123456</u> Signatory Employer <u>TV Company, Inc.</u> Street Address <u>123 Main Street</u> City & State <u>Hollywood, CA</u> Zip <u>90000</u> Telephone (<u>818</u>) <u>654-3210</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/background actors 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			Start Date of Principal Photography <u>January 3, 2013</u> Payroll Period End Date <u>January 18, 2013</u> Name of Picture <u>TV Show - Pilot Episode</u> Check all that are applicable LENGTH OF PICTURE 1/2 hr. <input type="checkbox"/> 1 hr. <input checked="" type="checkbox"/> 1 1/2 hr. <input type="checkbox"/> 2 or more hrs. <input type="checkbox"/> MIN SERIES (multi-part closed-end picture) <input type="checkbox"/> SUPERSIZE _____ MINUTES PUBLIC TELEVISION <input type="checkbox"/> BASIC CABLE (LIVE ACTION) <input checked="" type="checkbox"/> TV ANIMATION <input type="checkbox"/> BASIC CABLE FOR ANIMATED MOTION PICTURE <input type="checkbox"/>			
Check No. _____ Amount \$ _____ Date Received _____						
List only the Performers and 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. Picture ID <u>123456</u> Picture Type <u>LBC</u>						
Report Performers and Background Actors Separately						
SOCIAL SECURITY NUMBER	PERFORMER/BACKGROUND ACTOR NAME			CATEGORY		REPORTABLE GROSS COMPENSATION
	Last	First	Initial	Performer Sessions-S Residual-R Deferred-D	Background Actor (E) Choreographers (CHR)	
123-45-6789 987-65-4321	Actorson, Actor A			S		2,000.00
	VonActress, Actress A			S		2,000.00
Total Gross Compensation Subject to Contributions				\$ 4,000.00		
Employer's Contribution @ <u>15.0</u> % of Gross Compensation				\$ 600.00		
Special Rate Code (Please refer to page 2 for codes)				P		
Liquidated Damages @ <u>0%</u> % (See above)				\$ 0		
Make check payable to: SCREEN ACTORS GUILD-PRODUCERS PENSION AND HEALTH PLANS				Check No. <u>123456789</u>		
Mail Original P & H Report with contributions payment check to: P.O. Box 54867, Los Angeles CA 90054-0867 Phone (818) 973-4472						
Only Producers who are signatory* to an applicable collective bargaining agreement 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 and only for work within the jurisdiction of such collective bargaining agreement 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 has expired, the producer is obligated by federal law to continue to make such contributions						

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Explanation of Fields

SCREEN ACTORS GUILD- PRODUCERS PENSION AND HEALTH PLANS TELEVISION WEEKLY REPORT OF CONTRIBUTIONS		Page 1 of 2
ALL INFORMATION ON THE FORM MUST BE COMPLETED FOR PROCESSING		
Studio Code # 1 <hr/> Signatory Employer 2 <hr/> Street Address <hr/> City & State Zip <hr/> Telephone () <hr/> <p style="text-align: center; font-weight: bold;">FOR OFFICE USE ONLY</p> Check No. _____ Amount \$ _____ Date Received _____	<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/background actors 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> <hr/> Start Date of Principal Photography 3 _____ 4 Payroll Period End Date _____ Name of Picture _____ 5 <small>Check all that are applicable</small> LENGTH OF PICTURE 6 1/2 hr. <input type="checkbox"/> 1 hr. <input type="checkbox"/> 1 1/2 hr. <input type="checkbox"/> 2 or more hrs. 7 <small>SUPERSIZE</small> MINI SERIES (multi-part closed-end picture) 8 MINUTES <small>PUBLIC TELEVISION</small> 9 <small>BASIC CABLE (LIVE ACTION)</small> <small>TV ANIMATION</small> <small>BASIC CABLE FOR ANIMATED MOTION PICTURE</small>	

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. Please note, if you are producing an episodic television program, each episode will have a unique Principal Photography date.
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 Picture** refers to the title of the picture being made. If you are producing an episodic television series, please indicate both the title of the series and the episode.
6. Please indicate the runtime **Length of Picture** with a check mark in the appropriate box.
7. This section is only applicable if you have produced a **Supersized** episode of an episodic television series. Please refer to Sideletter L of the 2005 Screen Actors Guild Television Agreement for more details.
8. If the product is a **Mini Series**, please indicate by checking the box here.
9. If you are producing under any of the sub-agreements, please check if **Public Television, TV Animation, Basic Cable (Live Action),** or **Basic Cable for Animated Motion Picture**. Please leave blank if not under any of these.

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List only the Performers and Background Actors employed during the above indicated 10 <u>WHO WORKED UNDER S</u> JURISDICTION and for whom contributions are due the Pension and Health Plans. <u>Picture ID</u> 10 <u>Picture Type</u> 11						
Report Performers and Background Actors Separately						
SOCIAL SECURITY NUMBER	PERFORMER/BACKGROUND ACTOR NAME			CATEGORY		REPORTABLE GROSS COMPENSATION
				Performer Sessions-S Residual-R Deferred-D	Background Actor (E) Choreographers (CHR)	
12	Last	First	Initial	13	14	

10. The **Picture 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

11. **Picture Type** is the area for the Producer to indicate the picture type based on the agreement signed. This is where you indicate if the picture is a Student Film, Experimental, TV Animation, Independent, etc. Please use the following codes for the Television Contract:

- TV - Television
- TV SR - Episodic Television Series
- TV MOW -Made for Television Movie (Movie of the Week)
- TV MS - Television Mini Series
- TV M4V - Made for Home Video
- TV PAY - Made for Pay Television
- TVP - Public Television
- TVA - Television Animation
- LBC - Live Action Basic Cable
- ABC - Basic Cable Animation

12. **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.

13. **Category** is where you will indicate if the payment was for a performer or background actor. Separate forms should be filled out for each performer type.

- 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 ‘E’ in the appropriate column.
- If you are reporting on dance choreographers, please use ‘CHR’ in the background performer section. Dance choreographer 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.

14. **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.

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Total Gross Compensation Subject to Contributions	\$	15
Employer's Contribution @ _____ % of Gross Compensation	\$	16
Special Rate Code (Please refer to page 2 for codes)		17
Liquidated Damages @ 0% % (See above)	\$	18
Make check payable to: SCREEN ACTORS GUILD-PRODUCERS PENSION AND HEALTH PLANS		Check No. _____
Mail Original P & H Report with contributions payment check to:		
P.O. Box 54867, Los Angeles CA 90054-0867		Phone (818) 973-4472

15. **Total Gross Compensation Subject to Contributions** is the sum of the Performer Reportable Gross Compensation from above.
16. **Employer Contributions**- Please indicate the contribution percentage being paid and the total contribution amount. Please see page two of the contribution form for details.
17. **Special Rate Code**- There are lower rates for certain project and residual types. If you are not paying the standard rate, please indicate what rate type you are paying. Please refer to page two for the contribution form for the codes.
18. **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.