

# SCREEN ACTORS GUILD-PRODUCERS PENSION AND HEALTH PLANS

Example of a Properly Filled out Theatrical Form:

| SCREEN ACTORS GUILD- PRODUCERS PENSION AND HEALTH PLANS  |  |                          |         |  |   | Page 1 of 2                   |
|--|--|--------------------------|---------|--|---|-------------------------------|
| THEATRICAL WEEKLY REPORT OF CONTRIBUTIONS  |  |                          |         |  |   |                               |
| ALL INFORMATION ON THE FORM MUST BE COMPLETED FOR PROCESSING   |  |                          |         |  |   |                               |
| <b>Studio Code #</b> 123456<br><b>Signatory Employer</b> Film Studio, Inc.<br><b>Street Address</b> 123 Any Street, Suite 100<br><b>City &amp; State</b> Hollywood, CA <b>Zip</b> 91601<br><b>Telephone</b> ( 818 ) 555-5555   | <b>Liquidated Damages:</b> 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.<br><br>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  |  |                          |         | <b>Start Date of Principal Photography</b> <u>January 1, 2012</u><br><b>Payroll Period End Date</b> <u>February 26, 2012</u><br><b>Name of Picture</b> <u>Big Time Movie</u> |   |                               |
| Check No. _____<br>Amount \$ _____<br>Date Received _____  |  |                          |         |  |   |                               |
| List only the Performers 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. <span style="float: right;">Picture ID <u>123456</u> Picture Type <u>Independent</u></span>   |  |                          |         |  |   |                               |
| 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) |                               |
| 111-11-1111<br>222-22-2222   | Actorson, Actor A<br>Von Actress, Actress A  |                          |         | S<br>S   |   | 10,000.00<br>10,000.00        |
| <b>Total Gross Compensation Subject to Contributions</b> ..... \$ <u>20,000.00</u>   |  |                          |         |  |   |                               |
| <b>Employer's Contribution @ 16.8 % of Gross Compensation</b> ..... \$ <u>3,360.00</u>   |  |                          |         |  |   |                               |
| <b>Special Rate Code</b> (please see page 2 for codes) ..... <u>n/a</u>  |  |                          |         |  |   |                               |
| <b>Liquidated Damages @ 0 %</b> (See above) ..... \$ _____   |  |                          |         |  |   |                               |
| Make check payable to: SCREEN ACTORS GUILD-PRODUCERS PENSION AND HEALTH PLANS <span style="float: right;">Check No. <u>123456</u></span>   |  |                          |         |  |   |                               |
| 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 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 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>2/27/2012</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.  |  |                          |         |  |   |                               |

## SCREEN ACTORS GUILD-PRODUCERS PENSION AND HEALTH PLANS

### Explanations of Fields

| SCREEN ACTORS GUILD- PRODUCERS PENSION AND HEALTH PLANS<br>THEATRICAL WEEKLY REPORT OF CONTRIBUTIONS  |  | Page 1 of 2  |
|---|--|--|
| ALL INFORMATION ON THE FORM MUST BE COMPLETED FOR PROCESSING  |  |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Studio Code # <span style="background-color: red; color: white; padding: 2px 5px; border-radius: 50%; display: inline-block;">1</span></p> <hr/> <p>Signatory Employer <span style="background-color: red; color: white; padding: 2px 5px; border-radius: 50%; display: inline-block;">2</span></p> <hr/> <p>Street Address</p> <hr/> <p>City &amp; State <span style="float: right;">Zip</span></p> <hr/> <p>Telephone (      )</p> <hr/> </div> <div style="width: 5%; text-align: center;"> <p>FOR OFFICE USE ONLY</p> </div> <div style="width: 45%;"> <p>Check No. _____</p> <p>Amount \$ _____</p> <p>Date Received _____</p> </div> </div> | <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>Start Date of Principal Photography <span style="background-color: red; color: white; padding: 2px 5px; border-radius: 50%; display: inline-block;">3</span></p> <hr/> <p>Payroll Period End Date <span style="background-color: red; color: white; padding: 2px 5px; border-radius: 50%; display: inline-block;">4</span></p> <hr/> <p>Name of Picture _____</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.

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|--|--|--|--|--|---|-------------------------------|
|  |  |  | Picture ID <span style="border: 1px solid black; padding: 2px 5px;">5</span> | Picture Type <span style="border: 1px solid black; padding: 2px 5px;">6</span> |   |                               |
| Report Performers and Background Actors Separately   |  |  |  |  |   |                               |
| SOCIAL SECURITY NUMBER   | PERFORMER/BACKGROUND ACTOR NAME<br><small>Last                      First                      Initial</small> |  |  | CATEGORY   |   | REPORTABLE GROSS COMPENSATION |
|  |  |  |  | <small>Performer Sessions-S Residual-R Deferred-D</small>                      | <small>Background Actor (E) Choreographers (CHR)</small>      |                               |
| <span style="border: 1px solid black; padding: 5px;">7</span>  |  |  |  | <span style="border: 1px solid black; padding: 5px;">8</span>                  | <span style="border: 1px solid black; padding: 5px;">9</span> |                               |

5. 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
6. **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 Theatrical contract:
  - TH - Theatrical
  - EXP - Experimental
  - LB - Low Budget
  - MLB - Modified Low Budget
  - ULB - Ultra Low Budget
  - SFA - Short Film
  - ST - Student Film
  - THD - Dubbing
  - THS - Spanish Dubbing
7. **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.
8. **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 ‘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.
9. **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.

## SCREEN ACTORS GUILD-PRODUCERS PENSION AND HEALTH PLANS

|   |          |                      |
|---|----------|----------------------|
| Total Gross Compensation Subject to Contributions                                 | ..... \$ | 10                   |
| Employer's Contribution ( <input type="text" value="11"/> ) of Gross Compensation | ..... \$ |                      |
| Special Rate Code (please see page 2 for codes)                                   | .....    | 12                   |
| Liquidated Damages @ <input type="text" value="0"/> % (See above)                 | ..... \$ | 13                   |
| 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 |

10. **Total Gross Compensation Subject to Contributions** is the sum of the Performer Reportable Gross Compensation from above.
11. **Employer Contributions**- Please indicate the contribution percentage being paid and the total contribution amount. Please see page two of the contribution form for details.
12. **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.
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.