

New Vocalist Form

This form should be submitted to the SAG-AFTRA Health Plan using the email address below. Submit this form for all new vocalists that are signed to a record label covered by a collective bargaining agreement within 30 days following the initial signing.

Roster Artist information		
Company Name:		
Vocalist Name:		
Date of birth (MM/DD/YYYY): / /	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security number: — —
Legal name:		
Professional name:		
Date of initial signing with record label:		
Group name:		
Number of royalty members in a group including non-vocalists: (Please submit one form for each new vocalist)		
Street address:		City, state, zip:
Phone number:		Email:

Employer representative: By completing and signing this section, the vocalist acknowledges that the SAG-AFTRA Health Plan may release eligibility and enrollment information to the employer representative indicated below to obtain premiums or fulfill responsibilities for coverage and provision of benefits under the Plan.	
Representative name:	Title:
Street address:	City, state, zip:
Phone number:	Email:
Vocalist signature:	Date:

I certify that the information provided on this form and on any attached documents is accurate and complete.

_____/_____/_____
Employer signature Date

Please submit form to:

SAG-AFTRA Health Plan
Attn: Eligibility department
3601 W. Olive Ave.
Burbank, CA 91505
Email: rosterartist@sagaftraplans.org

Submit copies to:

SAG-AFTRA
Attn: Sidney Kibodeaux White
5757 Wilshire Blvd., #900
Los Angeles, CA 90036

Royalty Share
Attn: Juan Hernandez and Kara Offreda
301 Route 17 North, 12th Floor
Rutherford, NJ 07070