

## EMPLOYER CONTRIBUTIONS ELECTRONIC PAYMENT INSTRUCTIONS

Send ACH/Wire payments to:

City National Bank  
400 N. Roxbury Dr., 5<sup>th</sup> Floor  
Beverly Hills, CA 90210

ABA (Routing number):	122016066
Credit to Account:	123591771
Beneficiary Name:	SAG-AFTRA Health Plan
Address:	3601 W. Olive Ave., Suite 300 Burbank, CA 91505
SWIFT CODE:	CINAUS6L

When paying contributions via ACH/Wire, please email the required Earnings Reporting form to [Employercontributions@sagaftraplans.org](mailto:Employercontributions@sagaftraplans.org)