

**SCREEN ACTORS GUILD- PRODUCERS PENSION AND HEALTH PLANS
COMMERCIALS EXHIBIT B**

All Information on the form must be completed

P&H Account Number:	Payroll Period:	Report/Payment Date:	Commercial <input type="checkbox"/> Infomercial <input type="checkbox"/>
Reporting Company, Address & Telephone	Advertiser/ Parent Company:	Global Rule 1 Production (GR-1) <input type="checkbox"/>	
Print Name & Title of Person completing form:	Brand/Product	Product Type	
AD ID:	Advertising Agency:		
Commercial Title	Length (in seconds)	Original Session Date(s):	1st Air Date:
Lift ID/Title	Length (in seconds)	CYCLE DATES:	
If New ID, indicate Last reported ID:	REPORT TYPE: <input type="checkbox"/> SESSION <input type="checkbox"/> HOLDING <input type="checkbox"/> USE <input type="checkbox"/> CREDIT (Clarify in comments)		<input type="checkbox"/> OTHER (Specify in comments) <input type="checkbox"/> Check here <input type="checkbox"/> if Spanish Language

PROGRAM <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C	DEALER <input type="checkbox"/> With NY <input type="checkbox"/> Type A <input type="checkbox"/> Type B	With NY <input type="checkbox"/> 8-Week <input type="checkbox"/> 6-Month	CABLE <input type="checkbox"/> Made for <input type="checkbox"/> Fm Broadcast <input type="checkbox"/> Cable Maximum (3000 Units) <input type="checkbox"/> If less, enter Total Cable Units: _____	FOREIGN <input type="checkbox"/> Rest of World <input type="checkbox"/> United Kingdom <input type="checkbox"/> Europe <input type="checkbox"/> Japan <input type="checkbox"/> Asia/Pacific	SPANISH LANGUAGE <input type="checkbox"/> Program <input type="checkbox"/> Spot <input type="checkbox"/> Total Spot Units: _____
U INTERNET <input type="checkbox"/> Made-For <input type="checkbox"/> Move-Over <input type="checkbox"/> 4-Week <input type="checkbox"/> 8-Week <input type="checkbox"/> 1-Year	S NEW MEDIA <input type="checkbox"/> Made-For <input type="checkbox"/> Move-Over <input type="checkbox"/> 4-Week <input type="checkbox"/> 8-Week <input type="checkbox"/> 1-Year	E WILD SPOT		FOR OFFICE USE ONLY	
T <input type="checkbox"/> NEW YORK <input type="checkbox"/> LOS ANGELES <input type="checkbox"/> CHICAGO		No. of Additional Cities: _____		(a) Compensation (Sum Col. 9, all pages) \$ _____	
E Additional Cities (fill in if necessary): <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____		Total Spot Units: _____		(b) Contribution Apply % if Commercial Produced on or after the applicable date 04/01/16 18.00% \$ _____ _____ % \$ _____ _____ % \$ _____ See page 2 for previous contracts' rates	
				(c) Make checks payable to: SAG-PRODUCERS PENSION & HEALTH PLANS	
				Payment Amount	
				Date Received	

CLASS A USE DETAIL List additional uses in Comments or on a separate report. In "L/D" Column, mark uses of "included lift" with "L," mark uses to which discount applies with "D."
 13 Use Guarantee Applied Note any separate Use Number sequence for uses of 10-/15-second version in Comments.

Use #	L/D	Date	Program	Use #	L/D	Date	Program	Use #	L/D	Date	Program

Comments

(1) Social Security Number	(2) Performer's Name			(3) Perf. Type	(4) Camera		(5) (6) (7) If Session Report, Indicate			(8) If upgrade, show amount already paid for cycle	(9) Compensation	(10) Check if Multi Service Contract
	Last	First	Initial		On	Off	No. of Commls	Date(s) Worked	Birthdate, if under age 4			

Liquidated Damages: Payments and reports received over 30 days after compensation is paid to the performer will be assessed 10% of the contributions due. Payments and reports received over 60 days after compensation is paid to the performer will be assessed 20% of the contributions due.

Total Compensation Subject to Contributions	_____ \$
Employer's Contribution @ _____ % of Compensation	_____ \$

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

Only Producers who are signatory* to an applicable collective bargaining agreement of SAG-AFTRA are eligible to make contributions to the Screen Actors Guild - Producers Pension and Health Plans based on compensation paid to performers/extra performers employed by Producers under such collective bargaining agreement. Any contributions submitted by a non-signatory Producer will not be accepted.

I certify under penalty of perjury that the above-named Employer is signatory* to such a collective bargaining agreement with SAG-AFTRA and the Trust Agreements creating the Plans. By signing this form, Producer acknowledges that it has accepted and agreed to be bound by the Pension & Health provisions established by the collective bargaining agreement and to the Trust Agreements to which Producer is signatory. I further certify that the information contained herein is correct, and that all compensation reported herein is based on compensation paid to performers/extra performers in our employ during the period covered. I further certify that the contributions reported herein are for the work within the jurisdiction of such collective bargaining agreement.

Signature _____ Name _____ Title _____ Date _____

*A Producer will be considered to be "signatory" if the producer has agreed to be bound by the applicable collective bargaining agreement with SAG-AFTRA, or, if such collective bargaining agreement has expired, the producer is obligated by federal law to continue to make such contributions.

**SCREEN ACTORS GUILD- PRODUCERS PENSION AND HEALTH PLANS
COMMERCIALS EXHIBIT B**

1. Use this form to report Production, Editing, or Use of programs
2. Report programs with different casts, or for different advertisers, on separate forms.
3. Mail copy of Commercials Exhibit B Contribution Report to SAG-AFTRA office nearest the city in which commercial was made, refer to the SAG-AFTRA Locals page at www.sagaftra.org/locals
4. Additional information and forms may be obtained by referring to the Employers section of the Plans' website at www.sagph.org or by requesting via U.S. Mail to: SAG-Producers Pension & Health Plans, P.O. Box 54867, Los Angeles, CA 90054-0867

Schedule of Contributions to Screen Actors Guild-Producers Pension and Health Plans

Principal and Extra Performers

- 18.00% Rate: For commercials produced on or after 04-01-16 (and Re-Run Fees thereon)
 16.80% Rate: For commercials produced on or after 04-01-13 (and Re-Run Fees thereon)
 15.50% Rate: For commercials produced on or after 04-01-09 (and Re-Run Fees thereon)
 14.80% Rate: For commercials produced on or after 10-30-06 (and Re-Run Fees thereon)
 14.30% Rate: For commercials produced on or after 10-30-03 (and Re-Run Fees thereon)
 13.30% Rate: For commercials produced on or after 10-30-00 (and Re-Run Fees thereon)
 13.30% Rate: For commercials produced on or after 05-01-00 for RIA Group (and Re-Run Fees thereon)
 14.15% Rate: For commercials produced on or after 05-01-00 for CIA Group (and Re-Run Fees thereon)
 12.65% Rate: For commercials produced on or after 02-07-94 (and Re-Run Fees thereon)
 12.50% Rate: For commercials produced on or after 02-07-92 (and Re-Run Fees thereon)
 11.50% Rate: For commercials produced on or after 04-15-88 (and Re-Run Fees thereon)
 11.00% Rate: For commercials produced on or after 02-07-85 (and Re-Run Fees thereon)
 10.00% Rate: For commercials produced on or after 02-07-82 (and Re-Run Fees thereon)
 9.00% Rate: For commercials produced on or after 02-07-79 (and Re-Run Fees thereon)
 8.50% Rate: For commercials produced on or after 11-16-74 (and Re-Run Fees thereon)
 7.75% Rate: For commercials produced on or after 07-01-72 (and Re-Run Fees thereon)
 5.00% Rate: For commercials produced on or after 01-01-61 (and Re-Run Fees thereon)

CONTRIBUTION LIMIT

According to the Commercials Contract, "Effective January 1, 2012, no Producer shall be obligated to make Pension & Health contributions on behalf of any individual performer on gross compensation in excess of \$1,000,000 for covered services in a contract year where all such compensation has been paid on the basis of a single contract with a single Producer."

MULTIPLE SERVICE CONTRACT REPORTING PROCEDURES

According to the Commercials Contract, "Producer shall designate multi-service contract status on the contribution remittance reports filed with the Plans when contributions are tendered in connection with services related to multiple-service agreement. Producer agrees to provide unredacted copies of all contracts relating to services provided under such multiple-service agreements to SAG-AFTRA and to the Plans at the time of submission of initial contribution reports to the Plans or, should Producer fail to do so, Producer agrees to provide such unredacted copies upon SAG-AFTRA's or the Plans' written request. If justified by unusual circumstances, Producer may request that SAG-AFTRA's or the Plans' representatives inspect the agreements at a mutually-agreed location in Los Angeles or New York." A multiple-service agreement should be noted with a check mark in column (10) on page 1 of the Commercials Exhibit B Contribution Report.

PERFORMER TYPE

P - Principal Performer	ST - Stunt Performer	SC - Singer Contractor	CHR - Choreographers
E - Extra Performer	Pup - Puppeteer	S3 - Group Singer (3 to 5)	D3 - Group Dancer (3 to 5)
SI - Stand-in	Pil - Pilot	S6 - Group Singer (6 to 8)	D6 - Group Dancer (6 or more)
HM - Hand Model	SS - Singer Solo/Duo	S9 - Group Singer (9 or more)	DS - Dancer Solo/Duo

MSC - Multiple-Service Contract