

SAG-Producers Pension Plan | AFTRA Retirement Fund
All Information Must be Completed for Processing

Remit to SAG-AFTRA Health Plan and:

☐ SAG-Producers Pension Plan ☐ AFTRA Retirement Fund

Commercials Select one:

TV/Digital Contract ☐ Audio Contract ☐

Plan Code # _____	Payroll period _____	Report/payment due _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Infomercial
Signatory employer _____	Advertiser _____		
Reporting company _____	Signatory <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address _____	Brand/Product _____	Product type _____	
Telephone _____	Advertising Agency _____		
Email _____	Production Company _____		
	Ad ID _____		
Commercial title _____	Length in seconds _____	Original session date(s) _____	1 st 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"/> Edit <input type="checkbox"/> Credit (clarify in comments) <input type="checkbox"/> Other (specify in comments) Check here if Spanish-language <input type="checkbox"/>			

U S E T Y P E	Program Class A # of uses/cycle ____ <input type="checkbox"/> 13 week max	Diginets # of uses/cycle ____ <input type="checkbox"/> Unlimited 13 weeks	Cable <input type="checkbox"/> 4-week <input type="checkbox"/> 13-week <input type="checkbox"/> 52-week	Local Cable <input type="checkbox"/> 4-week <input type="checkbox"/> 13-week <input type="checkbox"/> 52-week	Foreign <input type="checkbox"/> United Kingdom <input type="checkbox"/> Japan <input type="checkbox"/> Rest of world <input type="checkbox"/> Europe <input type="checkbox"/> Asia Pacific <input type="checkbox"/> Foreign - Audio	Spanish Language Program Use <input type="checkbox"/> 4-week <input type="checkbox"/> 13-week <input type="checkbox"/> 52-week						
	Low Budget Digital Waiver <input type="checkbox"/>	Social Media/YouTube Terms 30 day cycle <input type="checkbox"/> YouTube Use <input type="checkbox"/>		Wild Spot 4-week <input type="checkbox"/> 13-week <input type="checkbox"/> 52-week <input type="checkbox"/>	Dealer 4-week <input type="checkbox"/> 13-week <input type="checkbox"/> 52-week <input type="checkbox"/>	All Other North American <input type="checkbox"/> 4-week <input type="checkbox"/> 13-week <input type="checkbox"/> 52-week						
	Streaming Platforms 4-week <input type="checkbox"/> 13-week <input type="checkbox"/> 52-week <input type="checkbox"/>	Spanish Language Foreign <input type="checkbox"/>		Gaming Platforms/Virtual Worlds/Augmented Reality/Emerging Platforms <input type="checkbox"/>								
	Traditional Digital <input type="checkbox"/> 4-week <input type="checkbox"/> 13-week <input type="checkbox"/> 52-week	Influencer Waiver <input type="checkbox"/>		Cameo Waiver <input type="checkbox"/>		Theatrical/Industrial Exhibition <input type="checkbox"/>						
	TD with Paid YouTube Use <input type="checkbox"/> 4-week <input type="checkbox"/> 13-week <input type="checkbox"/> 52-week	Other (Please specify) _____										
	WILD SPOT / Audio Regional Network Program <input type="checkbox"/> 8 week audio <input type="checkbox"/> 13 week audio											
	Audio Flex <input type="checkbox"/> Mechanical Edits # of Tags _____ Bundles <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30 <input type="checkbox"/> 40 <input type="checkbox"/> 50 <input type="checkbox"/> 4 week <input type="checkbox"/> Digital <input type="checkbox"/> 8 week <input type="checkbox"/> Terrestrial <input type="checkbox"/> 13 week <input type="checkbox"/> Regional Use _____ <input type="checkbox"/> 6 month <input type="checkbox"/> 1 year		<input type="checkbox"/> New York <input type="checkbox"/> Los Angeles <input type="checkbox"/> Chicago List additional cities if necessary: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ No. of additional cities: _____ Total spot units: _____		Audio Network Program <input type="checkbox"/> 1 week <input type="checkbox"/> 4 week <input type="checkbox"/> 8 week <input type="checkbox"/> 13 week <input type="checkbox"/> 26 uses <input type="checkbox"/> 39 uses		Traditional Digital <input type="checkbox"/> 4 week <input type="checkbox"/> 8 week <input type="checkbox"/> 1 year Digital Plus <input type="checkbox"/> 4 week <input type="checkbox"/> 8 week <input type="checkbox"/> 1 year Emerging Platforms <input type="checkbox"/>					
	CLASS A USE DETAIL: List additional uses in Comments or on a separate report. <input type="checkbox"/> 13 Use Guarantee Applied						In "L/D" Column, mark uses of "included lift" with "L," mark uses to which discount applies with "D." 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: _____												

(For additional performers see reverse)

Social Security Number	Performer's Name Last First Initial	Perf Type	Camera	If Session Report, Indicate:			If upgrade, show amount already paid for cycle.	Compensation	Multi Service Contract
			<input type="checkbox"/> ON <input type="checkbox"/> OFF	# Of Commls	Date(s) worked	Birthdate, if under age 4			<input type="checkbox"/> YES <input type="checkbox"/> NO

Note: Any contributions paid more than thirty (30) days after the date that compensation is required to be paid to the performers may be subject to liquidated damages and/or interest..

Total compensation subject to contributions \$ _____	Make check payable to: SAG-AFTRA Health Plan	Check No. _____
Employer's contribution @ _____ % of compensation \$ _____	P.O. Box 54867, Los Angeles CA 90054 Phone (818) 973-4472	
Liquidated damages if applicable @ _____ % \$ _____		
<input type="checkbox"/> JPC Authorizer		

Signature _____ Name _____ Title _____ Date _____

If you have questions about this form contact the SAG-AFTRA Health Plan at (818) 973-4472 or employercontributions@sagaftraplans.org
For contract rates, visit www.sagaftraplans.org/rates

Additional Performers

Social Security Number	Performer's Name <small>Last First Initial</small>	Perf Type	Camera	If Session Report, Indicate:			If upgrade, show amount already paid for cycle.	Compensation	Multi Service Contract
			<input type="checkbox"/> ON <input type="checkbox"/> OFF	# Of Commls	Date(s) worked	Birthdate, if under age 4			<input type="checkbox"/> YES <input type="checkbox"/> NO

Social Security Number	Performer's Name <small>Last First Initial</small>	Perf Type	Camera	If Session Report, Indicate:			If upgrade, show amount already paid for cycle.	Compensation	Multi Service Contract
			<input type="checkbox"/> ON <input type="checkbox"/> OFF	# Of Commls	Date(s) worked	Birthdate, if under age 4			<input type="checkbox"/> YES <input type="checkbox"/> NO

Social Security Number	Performer's Name <small>Last First Initial</small>	Perf Type	Camera	If Session Report, Indicate:			If upgrade, show amount already paid for cycle.	Compensation	Multi Service Contract
			<input type="checkbox"/> ON <input type="checkbox"/> OFF	# Of Commls	Date(s) worked	Birthdate, if under age 4			<input type="checkbox"/> YES <input type="checkbox"/> NO

Social Security Number	Performer's Name <small>Last First Initial</small>	Perf Type	Camera	If Session Report, Indicate:			If upgrade, show amount already paid for cycle.	Compensation	Multi Service Contract
			<input type="checkbox"/> ON <input type="checkbox"/> OFF	# Of Commls	Date(s) worked	Birthdate, if under age 4			<input type="checkbox"/> YES <input type="checkbox"/> NO

Social Security Number	Performer's Name <small>Last First Initial</small>	Perf Type	Camera	If Session Report, Indicate:			If upgrade, show amount already paid for cycle.	Compensation	Multi Service Contract
			<input type="checkbox"/> ON <input type="checkbox"/> OFF	# Of Commls	Date(s) worked	Birthdate, if under age 4			<input type="checkbox"/> YES <input type="checkbox"/> NO

Social Security Number	Performer's Name <small>Last First Initial</small>	Perf Type	Camera	If Session Report, Indicate:			If upgrade, show amount already paid for cycle.	Compensation	Multi Service Contract
			<input type="checkbox"/> ON <input type="checkbox"/> OFF	# Of Commls	Date(s) worked	Birthdate, if under age 4			<input type="checkbox"/> YES <input type="checkbox"/> NO

Social Security Number	Performer's Name <small>Last First Initial</small>	Perf Type	Camera	If Session Report, Indicate:			If upgrade, show amount already paid for cycle.	Compensation	Multi Service Contract
			<input type="checkbox"/> ON <input type="checkbox"/> OFF	# Of Commls	Date(s) worked	Birthdate, if under age 4			<input type="checkbox"/> YES <input type="checkbox"/> NO