

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

Remit to SAG-AFTRA Health Plan and:

- SAG-Producers Pension Plan
- AFTRA Retirement Fund

Plan Code # _____ Signatory Producer _____ Street Address _____ City/State/Zip _____ Telephone _____ Email _____	Project Title _____ SAG-AFTRA Production ID _____ Season Number _____ Number of Episodes in Season _____ Start Date of Principal Recordings _____ Payroll End Date _____
---	---

List only the covered employees for whom contributions are currently due:

Social Security Number	Original Dates Worked	Name <i>Last, First, Middle</i>	Reportable Gross Compensation	# and/or Name of applicable Episodes
------------------------	-----------------------	------------------------------------	-------------------------------	--------------------------------------

(For additional covered employees, see reverse)

Late Penalty: Payments and reports received over 30 days after the due date will be assessed liquidated damages and/or interest.

Total gross compensation subject to contributions \$ _____
 Producer's contribution @ _____ % \$ _____
 Liquidated damages if applicable @ _____ % \$ _____
 Make check payable to: SAG-AFTRA Health Plan Check No. _____
 P.O. Box 54867, Los Angeles CA 90054 Phone (818) 973-4472

Signature _____ Name _____ Title _____ Date _____

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

Additional Covered Employees

List only the covered employees employed during the above indicated week who worked under SAG-AFTRA jurisdiction and for whom contributions are due the pension and health plans.

Social Security Number	Original Dates Worked	Name <i>Last, First, Middle</i>	Reportable Gross Compensation	# and/or Name of applicable
------------------------	-----------------------	------------------------------------	-------------------------------	-----------------------------

Social Security Number	Original Dates Worked	Name <i>Last, First, Middle</i>	Reportable Gross Compensation	# and/or Name of applicable Episodes
------------------------	-----------------------	------------------------------------	-------------------------------	--------------------------------------

Social Security Number	Original Dates Worked	Name <i>Last, First, Middle</i>	Reportable Gross Compensation	# and/or Name of applicable Episodes
------------------------	-----------------------	------------------------------------	-------------------------------	--------------------------------------

Social Security Number	Original Dates Worked	Name <i>Last, First, Middle</i>	Reportable Gross Compensation	# and/or Name of applicable Episodes
------------------------	-----------------------	------------------------------------	-------------------------------	--------------------------------------

Social Security Number	Original Dates Worked	Name <i>Last, First, Middle</i>	Reportable Gross Compensation	# and/or Name of applicable Episodes
------------------------	-----------------------	------------------------------------	-------------------------------	--------------------------------------

Social Security Number	Original Dates Worked	Name <i>Last, First, Middle</i>	Reportable Gross Compensation	# and/or Name of applicable Episodes
------------------------	-----------------------	------------------------------------	-------------------------------	--------------------------------------

Check here if you are attaching any additional information.