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

Please se	elect the appropriate agreem	ent:				
☐ Tale	ent-Produced Cameo for Bus	iness Sponsored Content Ag	greement ("C4B x SAG-AFTRA	Agreement")		
☐ Influencer Generated Sponsored Content Agreement ("Influencer Agreement")						
		Project Title				
Signatory Employer						
Street Address			SAG-AFTRA Production ID			
City/State/Zip			Product/Subject (if applicable)			
Telephone						
Email			_ Advertiser/Client (if application)	Advertiser/Client (if applicable)		
			Contract Date			
			Pay Date			
	Social Security Number	Original Dates Worked	Name Last First Middle	Reportable Gros	S	
	Social Security Number	Original Dates Worked	Name Last, First, Middle	Reportable Gros Compensation	s	
	Social Security Number	Original Dates Worked			s	
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	Social Security Number	Original Dates Worked			is .	
			Last, First, Middle	Compensation	is .	
Late Pena	Ity: Payments and reports receiv	ed over 30 days after the due da	Last, First, Middle	Compensation ages and/or interest.	s	
Late Penal	Ity: Payments and reports receiv	red over 30 days after the due da	Last, First, Middle ate will be assessed liquidated dam	Compensation ages and/or interest.	is .	
Late Penal	Ity: Payments and reports receiv Total gross compensation s Employer's contribution @	red over 30 days after the due da subject to contributions \$ % of gross compensa	Last, First, Middle ate will be assessed liquidated dam	Compensation ages and/or interest.	is and the second secon	
Late Penal	Ity: Payments and reports receiv Total gross compensation s Employer's contribution @ Liquidated damages if appl	red over 30 days after the due da subject to contributions \$ % of gross compensa licable @% \$	Last, First, Middle ate will be assessed liquidated dam	Compensation ages and/or interest.	is .	
Late Penal	Ity: Payments and reports receiv Total gross compensation s Employer's contribution @ Liquidated damages if appl Make check payable to: SA	red over 30 days after the due da subject to contributions \$ % of gross compensa licable @% \$	Last, First, Middle ate will be assessed liquidated dam ation \$ Check No	Compensation ages and/or interest.	is and the second secon	
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	Ity: Payments and reports received. Total gross compensation of Employer's contribution @ Liquidated damages if appled. Make check payable to: SA P.O. Box 54867, Los Angelo	red over 30 days after the due da subject to contributions \$ % of gross compensa licable @% \$ G-AFTRA Health Plan es CA 90054 Phone (818) 973-4	Last, First, Middle ate will be assessed liquidated dam ation \$ Check No	ages and/or interest.		