

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

Plan Code # _____

Signatory Producer _____

Street Address _____

City/State/Zip _____

Telephone _____

Email _____

Project/series title _____

Episode (if applicable) _____

SAG-AFTRA Production ID _____

SAG-AFTRA Agreement _____

Select Contract:

- Television
 - New Media Side Letter (AMPTP)
 - High Budget SVOD
 - New Media Independent Agreement
- Network Code
 - New Media Side Letter
 - Theatrical
 - Other TV _____

TV / New Media Only

Length of picture

- Less than 30 m.
- 1 ½ hr
- Mini Series (multi-part closed-end picture)
- ½ hr
- 2+ hr
- Supersize
- 1 hr

Side Letter K:

- Yes
- No

- Session
- Residual
- Deferred
- Clip Use

Made for market _____

Special Rate Code (if applicable) _____

- Supplemental Market Pay TV Use
- Supplemental Home Video Use
- Other

Start date of principal photography _____

Payroll end date _____

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.

(For additional covered employees see reverse)

Social Security Number	Original Dates Worked (Net Code Only)	Name Last, First, Middle	Category	Reportable Gross Compensation
			<input type="checkbox"/> Principal <input type="checkbox"/> Background <input type="checkbox"/> Choreographer <input type="checkbox"/> Other _____	

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 @ _____ % of gross compensation \$ _____

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

Only Producers who are signatory* to an applicable SAG-AFTRA collective bargaining contract are eligible to make contributions to the SAG-AFTRA Health Plan, SAG-Producers Pension Plan or AFTRA Retirement Fund on behalf of the eligible covered employees employed by such Producers. Any contributions submitted by a non-signatory* Producer will not be accepted.

I certify that the above-named Producer is a signatory* to such a collective bargaining agreement with SAG-AFTRA. By signing this agreement, Producer acknowledges that it has accepted and agreed to be bound by the health & pension provisions established by the collective bargaining agreement to which Producer is signatory. I further certify that the information contained herein is correct, and that all compensation subject to contributions earned by covered employees in our employ during the period covered has been reported herein.

Signature _____ Name _____ Title _____ Date _____

* A Producer will be considered to be signatory if the producer is a party to a collective bargaining agreement with SAG-AFTRA, or, if the collective bargaining has expired, the Producer is obligated by federal law to continue making such contributions.

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 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 (Net Code Only)	Name <i>Last, First, Middle</i>	Category	Reportable Gross Compensation
			<input type="checkbox"/> Principal <input type="checkbox"/> Background <input type="checkbox"/> Choreographer <input type="checkbox"/> Other _____	

Social Security Number	Original Dates Worked (Net Code Only)	Name <i>Last, First, Middle</i>	Category	Reportable Gross Compensation
			<input type="checkbox"/> Principal <input type="checkbox"/> Background <input type="checkbox"/> Choreographer <input type="checkbox"/> Other _____	

Social Security Number	Original Dates Worked (Net Code Only)	Name <i>Last, First, Middle</i>	Category	Reportable Gross Compensation
			<input type="checkbox"/> Principal <input type="checkbox"/> Background <input type="checkbox"/> Choreographer <input type="checkbox"/> Other _____	

Social Security Number	Original Dates Worked (Net Code Only)	Name <i>Last, First, Middle</i>	Category	Reportable Gross Compensation
			<input type="checkbox"/> Principal <input type="checkbox"/> Background <input type="checkbox"/> Choreographer <input type="checkbox"/> Other _____	

Social Security Number	Original Dates Worked (Net Code Only)	Name <i>Last, First, Middle</i>	Category	Reportable Gross Compensation
			<input type="checkbox"/> Principal <input type="checkbox"/> Background <input type="checkbox"/> Choreographer <input type="checkbox"/> Other _____	