SAG-AFTRA Health Plan

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*:

☐ Television ☐ Audio

Plan Code #____________ Payroll period____________ Report/payment due____________

☐ Commercial
☐ Infomercial

Signatory employer____________

Reporting company____________

Address____________

Telephone____________

Email____________

Advertiser____________

Signatory ☐ Yes ☐ No

Brand/Product____________ Product type____________

Advertising Agency____________

Production Company____________

Ad ID____________

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: ☐ Session ☐ Holding ☐ Use ☐ Credit (clarify in comments) ☐ Other (specify in comments)

Check here if Spanish-language ☐

USE TYPE

Program
☐ Class A ☐ Class B
☐ Class C ☐ With NY

Audio Network Program
☐ 1 week ☐ 4 week ☐ 8 week
☐ 13 week ☐ 26 uses ☐ 39 uses

Dealer
☐ Type A ☐ Type B
☐ 8-week ☐ 6-month
☐ With NY
☐ 26 week – Audio

Cable
☐ Made for ☐ FM Broadcast
☐ Cable Maximum (3000 units)
If less, enter Total Cable Units: ____________

Foreign
☐ United Kingdom
☐ Japan
☐ Rest of world
☐ Europe
☐ Asia Pacific
☐ Foreign – Audio

Spanish Language
☐ Program
☐ Spot
Total Spot Units: ____________
☐ South/Central-Amer/Mexico
☐ Caribbean

Upfront
☐ Plus
☐ Flex
☐ Digital

Internet ☐ Made-For ☐ Move-Over ☐ 4-week ☐ 8-week ☐ 1 year ☐ Theatrical/Industrial Exhibition

New Media ☐ Made-For ☐ Move-Over ☐ 4-week ☐ 8-week ☐ 1 year ☐ Other (specify in comments)

WILD SPOT / Audio Regional Network Program ☐ 8 week audio ☐ 13 week audio

Audio Flex
☐ Mechanical Edits # of Tags____________
Bundles ☐ 10 ☐ 20 ☐ 30 ☐ 40 ☐ 50
☐ 4 week ☐ Digital
☐ 8 week ☐ Terrestrial
☐ 13 week ☐ Regional Use____________
☐ 6 month
☐ 1 year

☐ New York ☐ Los Angeles ☐ Chicago

List additional cities if necessary:
☐ ____________ ☐ ____________
☐ ____________ ☐ ____________

No. of additional cities:

Total spot units:

CLASS A USE DETAIL: List additional uses in Comments or on a separate report.

☐ 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: # Of Comms	Date(s) worked	Birthdate, if under age 4	If upgrade, show amount already paid for cycle.	Compensation	Multi Service Contract
			☐ ON ☐ OFF						☐ YES ☐ NO

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

Total compensation subject to contributions $____________
Employer's contribution @________% of 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

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 *Last First Initial*	Perf Type	Camera	If Session Report, Indicate:			If upgrade, show amount already paid for cycle.	Compensation	Multi Service Contract
				# Of Comms	Date(s) worked	Birthdate, if under age 4			
			☐ ON ☐ OFF						☐ YES ☐ NO

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
				# Of Comms	Date(s) worked	Birthdate, if under age 4			
			☐ ON ☐ OFF						☐ YES ☐ NO

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
				# Of Comms	Date(s) worked	Birthdate, if under age 4			
			☐ ON ☐ OFF						☐ YES ☐ NO

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
				# Of Comms	Date(s) worked	Birthdate, if under age 4			
			☐ ON ☐ OFF						☐ YES ☐ NO

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
				# Of Comms	Date(s) worked	Birthdate, if under age 4			
			☐ ON ☐ OFF						☐ YES ☐ NO

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
				# Of Comms	Date(s) worked	Birthdate, if under age 4			
			☐ ON ☐ OFF						☐ YES ☐ NO

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
				# Of Comms	Date(s) worked	Birthdate, if under age 4			
			☐ ON ☐ OFF						☐ YES ☐ NO

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