

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 \_\_\_\_\_ Advertiser \_\_\_\_\_

Reporting company \_\_\_\_\_ Signatory [ ] Yes [ ] No

Address \_\_\_\_\_ Brand/Product \_\_\_\_\_ Product type \_\_\_\_\_

Telephone \_\_\_\_\_ Advertising Agency \_\_\_\_\_

Email \_\_\_\_\_ 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 [ ]

Form with sections: Program, Dealer, Cable, Foreign, Spanish Language, Upfront, Internet, New Media, WILD SPOT, Audio Flex, CLASS A USE DETAIL, and Comments.

(For additional performers see reverse)

Table with columns: Social Security Number, Performer's Name, Perf Type, Camera, If Session Report, Indicate, If upgrade, show amount already paid for cycle, Compensation, Multi Service Contract.

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 \$ \_\_\_\_\_ Make check payable to: SAG-AFTRA Health Plan Check No. \_\_\_\_\_
Employer's contribution @ \_\_\_\_\_ % of compensation \$ \_\_\_\_\_ P.O. Box 54867, Los Angeles CA 90057 Phone (818) 973-4472
Liquidated damages if applicable @ \_\_\_\_\_ % \$ \_\_\_\_\_
[ ] 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

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Additional Performers

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

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

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

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

Social Security Number	Performer's Name <i>Last First Initial</i>	Perf Type	Camera	If Session Report, Indicate:			If upgrade, show amount already paid for cycle.	Compensation	Multi Service Contract
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			<input type="checkbox"/> ON <input type="checkbox"/> OFF					<input type="checkbox"/> YES <input type="checkbox"/> NO	

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			<input type="checkbox"/> ON <input type="checkbox"/> OFF					<input type="checkbox"/> YES <input type="checkbox"/> NO	

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