



**INTERACTIVE MEDIA
AFTRA Health & Retirement Report**

IMPORTANT: Make checks payable to AFTRA Health & Retirement Funds and mail with the white original to AFTRA Health & Retirement Funds, P.O. Box 13673, Newark, New Jersey 07188-3673. Send talent checks with the blue copy to your local AFTRA office and retain the yellow. For Health & Retirement Funds inquiries call 1-800-562-4690 or (212) 499-4880 and ask for Participant Services. Use this form for all Interactive Media, including additional payments and reuse for existing material in Interactive Media.

Reporting Company: _____		Date of Report:	
Address: _____		Employer:	
Signature (Authorized Representative): 		Title of Program:	
Account Number:		PLEASE CHECK THE BOX(ES) THAT APPLY: <input type="checkbox"/> Original Work <input type="checkbox"/> Sold to Public <input type="checkbox"/> Remote Delivery <input type="checkbox"/> Integration Payment <input type="checkbox"/> Interactive TV Delivery <input type="checkbox"/> Non-Interactive TV Delivery <input type="checkbox"/> Promotional Programs <input type="checkbox"/> Other (Specify)	
Tax ID Number:		Recording Date(s)	Reuse/Integration Dates
This is Sheet #1 of		Sheets (attached) Use additional sheets if more space is needed	Special Terms
HEALTH AND RETIREMENT REMITTANCE			
(a) Total Gross Payment	(Sum of Column (F) All Pages)		
(b) Contribution of Gross Compensation	_____ %		
(c) Adjustments	Explain in Detail in Separate Statement		
(d) Total Remittance	(Item b plus or minus Item c)		

