

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

Remit to SAG-AFTRA Health Plan and:

Form with checkboxes for SAG-Producers Pension Plan and AFTRA Retirement Fund.

Commercials Select one:

Form with checkboxes for TV/Digital and Audio.

Form with fields for Plan Code #, Payroll period, Report/payment due, and checkboxes for Commercial and 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 Edit Credit (clarify in comments) Other (specify in comments) Check here if Spanish-language

Main form grid with categories: Program Class A, Diginets, Cable, Local Cable, Foreign, Spanish Language Program Use, Wild Spot, Dealer, Social Media, Traditional Digital, Streaming Platforms, Inflencer Waiver, Theatrical/Industrial Exhibition, Other (specify in comments), WILD SPOT / Audio Regional Network Program, Audio Flex, Audio Network Program, CLASS A USE DETAIL, and Use # table.

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.

Note: Any contributions paid more than thirty (30) days after the date that compensation is required to be paid to the performers may be subject to liquidated damages and/or interest..

Form with fields for Total compensation subject to contributions \$, Employer's contribution @ % of compensation \$, Liquidated damages if applicable @ % \$, JPC Authorizer, 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

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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
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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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				# 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	

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