

**SCREEN ACTORS GUILD- PRODUCERS PENSION AND HEALTH PLANS
TV COMMERCIALS EXHIBIT B**

All Information on the form must be completed

P&H Account Number:	Payroll Period:	Report/Payment Date:	Commercial <input type="checkbox"/> Infomercial <input type="checkbox"/>
Reporting Company, Address & Telephone		Advertiser/ Parent Company: Brand/Product	
Print Name & Title of Person completing form:		Advertising Agency:	
Signature:		Production Company:	
Commercial ID/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: <input type="checkbox"/> SESSION <input type="checkbox"/> HOLDING <input type="checkbox"/> USE <input type="checkbox"/> OTHER (Specify in comments)	
		Check here <input type="checkbox"/> if Spanish Language	

PROGRAM <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> With NY <input type="checkbox"/> Class C	DEALER <input type="checkbox"/> Type A <input type="checkbox"/> With NY <input type="checkbox"/> Type B <input type="checkbox"/> With NY	CABLE <input type="checkbox"/> Made for <input type="checkbox"/> Fm Broadcast <input type="checkbox"/> Cable Maximum (178 Units) If less, enter Total Cable Units:	FOREIGN <input type="checkbox"/> Rest of World <input type="checkbox"/> United Kingdom <input type="checkbox"/> Europe <input type="checkbox"/> Japan <input type="checkbox"/> Asia/Pacific	SPANISH <input type="checkbox"/> Program LANGUAGE <input type="checkbox"/> Spot Total Spot Units:
U <input type="checkbox"/> NEW YORK S <input type="checkbox"/> LOS ANGELES W <input type="checkbox"/> CHICAGO E <input type="checkbox"/> ATLANTA I <input type="checkbox"/> BALTIMORE L <input type="checkbox"/> BOSTON T <input type="checkbox"/> CHARLOTTE D <input type="checkbox"/> CINCINNATI Y <input type="checkbox"/> CLEVELAND P <input type="checkbox"/> COLUMBUS, OH S <input type="checkbox"/> DALLAS/FT. WORTH	DENVER DETROIT HARTFORD/N. HAVEN HOUSTON INDIANAPOLIS KANSAS CITY MIAMI MILWAUKEE MINNIAPLS/ST. P NASHVILLE ORLANDO	PHILADELPHIA PHOENIX PITTSBURGH PORTLAND OR RALEIGH-DURHAM SACRAMENTO ST. LOUIS SAN FRANCISCO SAN DIEGO SEATTLE/TACOMA TAMPA	WASHINGTON DC MEXICO CITY MONTREAL TORONTO VANCOUVER BC No. of Additional Cities: Total Spot Units:	(a) Gross Payment (Sum Col. 9, all pages) \$ _____ (b) CONTRIBUTION 10/30/06 → 14.80% \$ _____ 10/30/03 → 14.30% \$ _____ 10/30/00 → 13.30% \$ _____ Apply % if Commercial Produced on or after: 2/7/94 → 12.65% \$ _____ 2/7/92 → 12.50% \$ _____ (c) Make checks payable to: SAG-PRODUCERS PENSION & HEALTH PLANS.

CLASS A USE DETAIL List additional uses in Comments or on a separate report.
 13 Use Guarantee Applied

Use #	L/D	Date	Program	Use #	L/D	Date	Program	Use #	L/D	Date	Program

Comments

(1) Social Security Account Number	(2) Performer's Name			(3) Perf. Category	(4) Camera		(5) If Session Report, Indicate			(6) No. of Comms	(7) Date(s) Worked	(8) Birthdate, if under age 4	(9) Gross Payment
	Last	First	Initial		On	Off	No.	Date(s)	Birthdate, if under age 4				

Total Gross Compensation Subject to Contributions \$ _____
Employer's Contribution @ _____ % of Gross Compensation \$ _____
Special Rate Code _____

Make check payable to: SCREEN ACTORS GUILD-PRODUCERS PENSION AND HEALTH PLANS Check No. _____
 P.O. Box 54867, Los Angeles CA 90054-0867 Phone (818) 973-4472

Only Producers who are signatory* to an applicable collective bargaining contract of the Screen Actors Guild are eligible to make contributions to the Screen Actors Guild- Producers Pension and Health Plans on behalf of the eligible Performers employed by such Producers. Any contributions submitted by a non-signatory* Producer will not be accepted.

I certify that the above-named Employer is signatory* to such a collective bargaining agreement with the Screen Actors Guild. By signing this agreement, Producer acknowledges that it has accepted and agreed to be bound by the Pension & Health 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 performers 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 the Screen Actors Guild.

**SCREEN ACTORS GUILD- PRODUCERS PENSION AND HEALTH PLANS
TV COMMERCIALS EXHIBIT B**

1. Use this form to report Production, Editing, or Use of programs
2. Report programs with different casts, or for different advertisers, on separate forms.
3. Mail copy of P & H Report to SAG office nearest the city in which commercial was made, refer to SAG branch addresses on www.sag.org/branches.

**Schedule of Contributions to Screen Actors Guild-Producers Pension and Health Plans
PERFORMERS**

- 14.80% Rate: For commercials produced on or after 10-30-06 (and Re-Run Fees thereon)
- 14.30% Rate: For commercials produced on or after 10-30-03 (and Re-Run Fees thereon)
- 13.30% Rate: For commercials produced on or after 10-30-00 (and Re-Run Fees thereon)
- 13.30% Rate: For commercials produced on or after 05-01-00 for RIA Group (and Re-Run Fees thereon)
- 14.15% Rate: For commercials produced on or after 05-01-00 for CIA Group (and Re-Run Fees thereon)
- 12.65% Rate: For commercials produced on or after 02-07-94 (and Re-Run Fees thereon)
- 12.50% Rate: For commercials produced on or after 02-07-92 (and Re-Run Fees thereon)
- 11.50% Rate: For commercials produced on or after 04-15-88 (and Re-Run Fees thereon)
- 11.00% Rate: For commercials produced on or after 02-07-85 (and Re-Run Fees thereon)
- 10.00% Rate: For commercials produced on or after 02-07-82 (and Re-Run Fees thereon)
- 9.00% Rate: For commercials produced on or after 02-07-79 (and Re-Run Fees thereon)
- 8.50% Rate: For commercials produced on or after 11-16-74 (and Re-Run Fees thereon)
- 7.75% Rate: For commercials produced on or after 07-01-72 (and Re-Run Fees thereon)
- 5.00% Rate: For commercials produced on or after 01-01-61 (and Re-Run Fees thereon)

**Schedule of Contributions to Screen Actors Guild-Producers Pension and Health Plans
BACKGROUND ACTORS**

- 14.80% Rate: For commercials produced on or after 10-30-06 (and Re-Run Fees thereon)
- 14.30% Rate: For commercials produced on or after 10-30-03 (and Re-Run Fees thereon)
- 13.30% Rate: For commercials produced on or after 10-30-00 (and Re-Run Fees thereon)
- 13.30% Rate: For commercials produced on or after 05-01-00 for RIA group (and Re-Run Fees thereon)
- 14.15% Rate: For commercials produced on or after 05-01-00 for CIA Group (and Re-Run Fees thereon)
- 12.65% Rate: For commercials produced on or after 02-07-94 (and Re-Run Fees thereon)
- 12.50% Rate: For commercials produced on or after 02-07-92 (and Re-Run Fees thereon)
- 11.50% Rate: For commercials produced on or after 04-15-88 (and Re-Run Fees thereon)
- 11.00% Rate: For commercials produced on or after 02-07-85 (and Re-Run Fees thereon)
- 10.00% Rate: For commercials produced on or after 02-07-82 (and Re-Run Fees thereon)
- 9.00% Rate: For commercials produced on or after 02-07-79 (and Re-Run Fees thereon)
- 8.50% Rate: For commercials produced on or after 11-16-74 (and Re-Run Fees thereon)
- 7.75% Rate: For commercials produced on or after 07-01-72 (and Re-Run Fees thereon)
- 5.00% Rate: For commercials produced on or after 01-01-61 (and Re-Run Fees thereon)

EMPLOYMENT CATEGORY

P - Principal Performer	SS - Singer Solo/Duo	D3 - Group Dancer (3 to 5)
E - Background Performer	SC - Singer Contractor	D6 - Group Dancer (6 to 8)
HM - Hand Model	S3 - Group Singer (3 to 5)	D9 - Group Dancer (9 or more)
ST - Stunt Performer	S6 - Group Singer (6 to 8)	DS - Dancer Solo/Duo
Pup - Puppeteer	S9 - Group Singer (9 or more)	D9 - Group Dancer (9 or more)
Pil - Pilot	CHR - Choreographers	

Special Rate Codes

L = Side Letter	C = Cell Phone
I = Internet	O = Other