

SCREEN ACTORS GUILD- PRODUCERS PENSION AND HEALTH PLANS MUSIC VIDEO REPORTING FORM

All information on the form must be completed

Page 1 of 2

Studio Code # _____

Signatory Employer _____

Street Address _____

City & State _____ **Zip** _____

Telephone () _____

Liquidated Damages: Reports received over 30 days after the **PAYROLL PERIOD ENDING** date will be assessed 10% of the contributions due. Reports received over 60 days after the **PAYROLL PERIOD ENDING** date will be assessed 20% of the contributions due.

Effective January 1, 1989: Failure to supply project titles and social security numbers of all performers for which contributions are being remitted will result in the assessment of liquidated damages in the amount of 10% of the Pension and Health contributions due. If the Producer's failure to supply the data requested continues for 60 or more days, then liquidated damages of 20% of the contributions due will be assessed.

Date Principal Photography Commenced _____

Payroll Period Ending _____

FOR OFFICE USE ONLY

Check No. _____

Amount \$ _____

Date Received _____

Video Title _____ **Video ID** _____

(Must be Completed)

Major Label Agreement

Independent Agreement

Solo Performer or Group Name _____

Production Company _____

Record Label _____

Length _____ Video Type: _____ Sub Video Type: _____

Report Actors and Background Performers Separately

SOCIAL SECURITY NUMBER (Must be Completed)	ORIGINAL DATES WORKED	PERFORMER'S NAME LAST FIRST MIDDLE INITIAL			PERFORMER CATEGORY			IF SUPPLEMENTED OR EXPANDED USE ENTER ORIGINAL AMOUNT PAID	DATES FILED FOR SUPPLEMENTAL USE	REPORTABLE GROSS COMPENSATION
					PRIN EXT N S/D G C	CHR O/C V/O	D/P 3 D/P W-5 W-6			

Total Gross Compensation Subject to Contributions _____ \$

Employer's Contribution @ _____ % of Gross Compensation _____ \$

Special Rate Code _____

Liquidated Damages @ _____ % (See above) _____ \$

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

MUSIC VIDEO REPORTING FORM

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

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

MUSIC VIDEOS

9% Rate: For Music Videos produced on or after 1/1/86 (Major Label Agreement)

12.65% Rate: For Music Videos produced on or after 7/1/99 (Independent Agreement)

12.50% Rate: For Music Videos produced on or after 3/1/90 (Independent Agreement)

11.50% Rate: For Music Videos produced on or after 1/1/88 (Independent Agreement)

CHOREOGRAPHERS

Please refer to www.sagph.org/employer web site for detail on how to report and forms

		EMPLOYMENT CATEGORY	
PRIN	=	PRINCIPAL	V/O = VOICE OVER RATE
EXT	=	Background Performers	D/P = DAY PLAYER RATE
N	=	NARRATOR	3 D/P = 3 DAY PLAYER RATE
O/C	=	ON CAMERA RATE	W-5 = WEEKLY PLAYER - STUDIO
S/D	=	SOLO/DUO	*W-6 = WEEKLY PLAYER - OVERNIGHT LOCATION
G	=	GROUP	* AVAILABLE ONLY FOR PLAYERS HIRED ON A WEEKLY BASIS ON AN OVERNIGHT LOCATION WHO SPEND A SATURDAY AT THE LOCATION
C	=	CONTRACTOR	
CHR	=	CHOREOGRAPHER	

Special Rate Codes

S= Supplemental

L = Side Letter

P = Pilot

H - Home Video

I = Internet

C = Cell Phone

O = Other