

SCREEN ACTORS GUILD- PRODUCERS PENSION AND HEALTH PLANS INTERACTIVE/MULTIMEDIA 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 _____

Interactive/Multimedia

Project Title _____

Project ID _____

Product/Subject _____

Production Company _____

Pavmaster _____

Length _____ **Project Type** _____ **Sub Project Type:** _____

FOR OFFICE USE ONLY

Check No. _____

Amount \$ _____

Date Received _____

| 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 | CHR O/C V/O | D/P 3 D/P W-5 | | | |
| | | | | | | | | | | |

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

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 the program was made, refer to SAG branch addresses on www.sag.org/branches.

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

ACTORS

- 14.30% Rate: For programs produced on or after 07-29-05 (and Re-Run Fees thereon)
- 13.30% Rate: For programs produced on or after 01-01-02 (and Re-Run Fees thereon)
- 12.65% Rate: For programs produced on or after 05-01-93 (and Re-Run Fees thereon)

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

BACKGROUND PERFORMERS

- 13.30% Rate: For programs produced on or after 01-01-02 (and Re-Run Fees thereon)
- 12.65% Rate: For programs produced on or after 05-01-93 (and Re-Run Fees thereon)

CHOREOGRAPHERS

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

EMPLOYMENT CATEGORY

| | | | | | |
|------|---|----------------|-------|---|------------------------|
| PRIN | = | PRINCIPAL | C | = | CONTRACTOR |
| EXT | = | Background | V/O | = | VOICE OVER RATE |
| N | = | NARRATOR | D/P | = | DAY PLAYER RATE |
| O/C | = | ON CAMERA RATE | 3 D/P | = | 3 DAY PLAYER RATE |
| S/D | = | SOLO/DUO | W-5 | = | WEEKLY PLAYER - STUDIO |
| G | = | GROUP | CHR | = | CHOREOGRAPHER |

SPECIAL RATE CODES

| | |
|-----------------|----------------|
| S= Supplemental | I = Internet |
| L = Side Letter | C = Cell Phone |
| P = Pilot | O = Other |
| H - Home Video | |