

SCREEN ACTORS GUILD-PRODUCERS PENSION & HEALTH PLANS PERFORMER INFORMATION FORM

Please print and complete the following

SOCIAL SECURITY NUMBER	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH (MM/DD/YYYY)
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Please indicate below if you want us to use your Professional Name or Legal Name when sending correspondence. (Note: If neither box is checked, we will use your Professional Name)

<input type="checkbox"/> PROFESSIONAL NAME		
LAST NAME	FIRST NAME	MIDDLE NAME

<input type="checkbox"/> LEGAL NAME		
LAST NAME	FIRST NAME	MIDDLE NAME

Participant's Mailing Address

STREET ADDRESS		APT., SUITE #	
CITY	STATE	ZIP CODE	
HOME PHONE		CELL PHONE	
E-MAIL ADDRESS		ALTERNATE E-MAIL ADDRESS	

This is a confidential legal document and must be signed by the Plan Performer.

If the Performer is a minor, this document must be signed by the parent or legal guardian.

_____ SIGNATURE OF PERFORMER OR LEGAL GUARDIAN	_____ DATE
<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> OTHER _____	