SAG-Producers Pension Plan | AFTRA Retirement Fund

All Information Must be Completed for Processing

Remit to SAG-AFTRA Health Plan and:							Commercials Select one:								
SAC	G-Producers Pensi		TV/Digital Audio												
Plan Code #Payroll period							Report/payment due Commercial Infomercial								
Signate	ory employer		Advertiser												
	ting company														
	SS														
		Advertising Agency													
		Production Company													
								Ad ID							
Commercial titleLength in seconds							Original session date(s)1st air date								
Lift ID/	/title		Length ir	n seconds			_Cycle dates								
If New ID, indicate last reported ID															
	# of uses/cycle	Diginets # of uses/cyc					week 13-week			Foreign United Kingdom		Spanish Language Program Use 4-week 13-week 52-week			
	13 week max	Unlimite	ed 13 weeks							Japan Rest of world		All Other North American			
	Low Budget Dig	wild Spot Dealer Ow Budget Digital Waiver □ 4-week □ 13-week □ 4-week □ 14-week □ 14						Europe 4-week 13-week 52-w							
U S	Social Media 52-week 52-week						Asia Pacific Reality/Emerging Platforms Foreign - Audio						s		
E	Traditional Digit	al 4-week	13-week 5	2-week	Influen	cer Waive	er Theatrical/Industrial Exhibition								
	Streaming Platforms 4-week 13-week 52-week						Other (specify in comments)								
T Y	WILD SPOT / Audio Regional Network Program 8 week audio 13 week audio									·					
P	Audio Flex					York Los Angeles Chicago Audio Network Program									
Е		Mechanical Edits # of Tags Bundles 10 20 30 40 50				List additional cities if necessa			k	4 week	8 w	reek			
	4 week														
	8 week					13 week			26 uses 39 uses						
	6 month	Regional Use													
						Total sp	pot units:								
	A USE DETAIL: List a Use Guarantee Applie		mments or on a	separate report.			In "L/D" Column, mark uses of "included lift" with "L," mark uses to which disc applies with "D." Note any separate Use Number sequence for uses of 10-15- version in Comments.								
Use	# L/D	Date Program		Use #		L/D	Date	Program		Use # L/D		/D	Date	Program	
Comm	ents:			(Fo	r addit	tional no	rformore coo	roversel							
Soci	Social Security Performer's Name Port Type Company									If upgrade, show amount				Multi Service	
	1 1	ast First Initial Perf Type		Camera	Camera		ession Report, Ir	Birthdate, if		already paid for cycle.		Comp	pensation	Contract	
				□on □off		Commls	worked	under age 4	4					☐ YES ☐ NO	
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.															
For the state of t								Make check payable to: SAG-AFTRA Health Plan Check No P.O. Box 54867, Los Angeles CA 90057 Phone (818) 973-4472							
Liquidated damages if applicable @% \$															
	Authorizer														
Signatur	re						Name			т	itle		Date		

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

Additional Performers

Social Security Number	Performer's Name Last First Initial	Perf Type	Camera	If Session Report, Indicate:			If upgrade, show amount already paid for cycle.	Compensation	Multi Service Contract
			□on □off	# Of Commls	Date(s) worked	Birthdate, if under age 4			☐ YES ☐ NO
Social Security Number	Performer's Name Last First Initial	Perf Type	Camera	If Se	ssion Report,	Indicate:	If upgrade, show amount already paid for cycle.	Compensation	Multi Service Contract
				# Of Commls	Date(s) worked	Birthdate, if under age 4			
			□ON □OFF						☐ YES ☐ NO
Social Security Number	Performer's Name Last First Initial	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			
			□ON □OFF						☐ YES ☐ NO
Social Security Number	Performer's Name Last First Initial	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			
			□on □off						☐ YES ☐ NO
	<u> </u>						l .		
Social Security Number	Performer's Name Last First Initial	Perf Type	Camera	If Se	ssion Report,	Indicate:	If upgrade, show amount already paid for cycle.	Compensation	Multi Service Contract
	East 1 not million			# Of Commls	Date(s) worked	Birthdate, if under age 4			
			□on □off						☐ YES ☐ NO
		1	I	<u> </u>		I		l	
Social Security Number	Performer's Name Last First Initial	Perf Type	Camera	If Se	ssion Report,	Indicate:	If upgrade, show amount already paid for cycle.	Compensation	Multi Service Contract
				# Of Commls	Date(s) worked	Birthdate, if under age 4			
			□on □off						☐ YES ☐ NO
	ı	1	1	1	ı	1	1	ı	1
Social Security Number	Performer's Name Last First Initial	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			
			□on □off						☐ YES ☐ NO