

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

Remit to SAG-AFTRA Health Plan and:

[] SAG-Producers Pension Plan [] AFTRA Retirement Fund

Commercials Select one:

[] Television [] Audio

Plan Code # _____ Payroll period _____ Report/payment due _____
[] Commercial
[] Infomercial

Signatory employer _____ Advertiser _____

Reporting company _____ Signatory [] Yes [] No

Address _____ Brand/Product _____ Product type _____

Telephone _____ Advertising Agency _____

Email _____ Production Company _____

Ad ID _____

Commercial 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: [] Session [] Holding [] Use [] Credit (clarify in comments)
[] Other (specify in comments) Check here if Spanish-language []

Form with sections: Program, Dealer, Cable, Foreign, Spanish Language, Upfront, Internet, New Media, WILD SPOT, Audio Flex, and CLASS A USE DETAIL.

(For additional performers see reverse)

Table with columns: Social Security Number, Performer's Name, Perf Type, Camera, If Session Report, Indicate, If upgrade, show amount already paid for cycle, Compensation, Multi Service Contract.

Late Penalty: Payments and reports received over 30 days after the due date will be assessed liquidated damages and/or interest.

Total compensation subject to contributions \$ _____
Employer's contribution @ _____ % of compensation \$ _____
Liquidated damages if applicable @ _____ % \$ _____

Signature _____ Name _____ Title _____ Date _____

If you have questions about this form contact the SAG-AFTRA Health Plan at (818) 973-4472 or employercontributions@sagaftraplans.org

For contract rates, visit www.sagaftraplans.org/rates

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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
				# Of Commls	Date(s) worked	Birthdate, if under age 4			
			<input type="checkbox"/> ON <input type="checkbox"/> OFF					<input type="checkbox"/> YES <input type="checkbox"/> 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			
			<input type="checkbox"/> ON <input type="checkbox"/> OFF					<input type="checkbox"/> YES <input type="checkbox"/> NO	

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			<input type="checkbox"/> ON <input type="checkbox"/> OFF					<input type="checkbox"/> YES <input type="checkbox"/> NO	

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