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

Remit to SAG-AFTRA Health Plan and:						Commercials Select one:						
SAG-Producers Pension Plan AFTRA Retirement Fund						Television Audio						
Plan Code #Payroll period					Report/	payment due		Commercial Infomercial				
Signato	Signatory employer					Advertiser						
Reporting company						Signatory Yes No						
Address							Brand/Product Product type					
Telephone							Advertising Agency					
Email												
						Ad ID_						
Comme	Commercial titleLength in seconds											
Lift ID/	title		Length in s	econds		Cycle dates						
If New ID, indicate last reported ID												
	Program Class A Class B			Dealer Cable Type A Type B Ma		for FM Broadcast		reign United Kingdom	Spanish Progr	Language _{am}	Upfront	
U S E	=	Class C With NY 8-week 6-i						Japan	Spot			
	Audio Netw	Audio Network Program With NY If less, enter				Total Cable Units: Rest of world Total Spot Units Europe					Digital	
	1 week 4 week 8 week 26 week - Audio 13 week 26 uses 39 uses					Asia Pacific South/Central-Amer/Mexico Foreign – Audio Caribbean					lexico	
	Internet Made-For Move-Over 4-week 8-week					1 year Theatrical/Industrial Exhibition						
	New Medi	New Media Made-For Move-Over 4-week 8-week					1 year Other (specify in comments)					
T Y	WILD SPOT	/ Audio Regional Network	Program 8 w	eek audio 1	.3 week audio							
P	Audio Flex			New York	Los Angeles	Chicago No. of additional cities: Total spot units:						
E		Mechanical Edits # of TagsList additional cities if nece										
	4 week Digital											
	8 week Terrestrial 13 week Regional Use											
	6 month											
	1 year											
	A USE DETAIL: Use Guarantee	List additional uses in Cor Applied	nments or on a sep	arate report.				nn, mark uses of "ind D." Note any separat nments.				
Use	# L	/D Date	Program	Use #	L/D	Date	Program	Use #	L/D	Date	Program	
Comm	onto											
Comme	ents:			(For ad	lditional ne	rformers see	reverse)					
	al Security	Performer's Name Perf Type		Camera	ditional performers see			If upgrade, show ar		npensation	Multi Service	
Number		Last First Initial	Реп туре	Calliera	If Session Report, In # Of Date(s)		Birthdate, if	already paid for c	ycle.	iperisation	Contract	
				□on □off	Commls	worked	under age 4				YES NO	
Late Per	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 \$ Make check payable to: SAG-AFTRA Health Plan Check No Employer's contribution @% of compensation \$ PO. Box 54867, Los Angeles CA 90057 Phone (818) 973-4472												
Liquida	ited damages if	applicable @	% \$, , ,		,			
Signatur	·e					_Name		Ti	tle	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 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
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 Session Report, Indicate:		If upgrade, show amount already paid for cycle.	Compensation	Multi Service Contract	
	East 1 not million			# Of Date(s) Birthdate, if Commls worked 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	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
	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