SAG·AFTRA
HEALTH PLAN

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Template Tips for Station Staff Contributions Manager Reporting

When you're reporting on behalf of station staff (broadcasters), enter data in the following format.

Field	Information to be entered in fields
Signatory ID	The Plan code of the payor provided by the SAG-AFTRA Health Plan
Signatory name	The signatory's official name registered with SAG-AFTRA
Station	The official call letters of record with the SAG-AFTRA Health Plan
Payroll period end date	Format: MM/DD/YYYY
Employee SSN	Format: NNN-NN-NNN
Employee first, middle or last name	Legal name, not stage name
Dollar amounts	Do not include dollar sign or commas. Format: NNNN.NN
Contribution rate	Do not include percent symbol. Format: NN.NN