

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

Remit to SAG-AFTRA Health Plan and:

Form with checkboxes for SAG-Producers Pension Plan and AFTRA Retirement Fund.

Commercials Select one:

Form with checkboxes for TV/Digital and Audio.

Form with fields for Plan Code #, Payroll period, Report/payment due, and checkboxes for Commercial and 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 Edit Credit (clarify in comments) Other (specify in comments) Check here if Spanish-language

Main form grid containing categories like Program Class A, Diginets, Cable, Local Cable, Foreign, Spanish Language Program Use, Wild Spot, Dealer, Social Media, Traditional Digital, Streaming Platforms, Audio Flex, and Audio Network Program.

Table with 8 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.

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

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 <i>Last First Initial</i> | Perf Type | Camera <input type="checkbox"/> ON <input type="checkbox"/> OFF | If Session Report, Indicate: | | | If upgrade, show amount already paid for cycle. | Compensation | Multi Service Contract <input type="checkbox"/> YES <input type="checkbox"/> NO |
|------------------------|---|-----------|---|------------------------------|----------------|---------------------------|---|--------------|---|
| | | | | # Of Commls | Date(s) worked | Birthdate, if under age 4 | | | |
| | | | | | | | | | |

| Social Security Number | Performer's Name <i>Last First Initial</i> | Perf Type | Camera <input type="checkbox"/> ON <input type="checkbox"/> OFF | If Session Report, Indicate: | | | If upgrade, show amount already paid for cycle. | Compensation | Multi Service Contract <input type="checkbox"/> YES <input type="checkbox"/> NO |
|------------------------|---|-----------|---|------------------------------|----------------|---------------------------|---|--------------|---|
| | | | | # Of Commls | Date(s) worked | Birthdate, if under age 4 | | | |
| | | | | | | | | | |

| Social Security Number | Performer's Name <i>Last First Initial</i> | Perf Type | Camera <input type="checkbox"/> ON <input type="checkbox"/> OFF | If Session Report, Indicate: | | | If upgrade, show amount already paid for cycle. | Compensation | Multi Service Contract <input type="checkbox"/> YES <input type="checkbox"/> NO |
|------------------------|---|-----------|---|------------------------------|----------------|---------------------------|---|--------------|---|
| | | | | # Of Commls | Date(s) worked | Birthdate, if under age 4 | | | |
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|------------------------|---|-----------|---|------------------------------|----------------|---------------------------|---|--------------|---|
| | | | | # Of Commls | Date(s) worked | Birthdate, if under age 4 | | | |
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