

**SCREEN ACTORS GUILD- PRODUCERS PENSION AND HEALTH PLANS  
NEW MEDIA AGREEMENT REPORT OF CONTRIBUTIONS**

**All information on the form must be completed**

<b>Studio Code #</b> _____  <b>Signatory Employer</b> _____  <b>Street Address</b> _____  <b>City &amp; State</b> _____ <b>Zip</b> _____  <b>Telephone ( )</b> _____	<p><b>Liquidated Damages:</b> Reports received over 30 days after the <b>PAYROLL PERIOD ENDING</b> date will be assessed 10% of the contributions due. Reports received over 60 days after the <b>PAYROLL PERIOD ENDING</b> date will be assessed 20% of the contributions due.</p> <p>Effective January 1, 1989: Failure to supply project titles and social security numbers of all performers for which contributions are being remitted will result in the assessment of liquidated damages in the amount of 10% of the Pension and Health contributions due. If the Producer's failure to supply the data requested continues for 60 or more days, then liquidated damages of 20% of the contributions due will be assessed.</p>
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<p align="center"><b>FOR OFFICE USE ONLY</b></p> Check No. _____ Amount \$ _____ Date Received _____	<b>Start Date of Principal Photography</b> _____  <b>Payroll Period Ending</b> _____  <b>Name of New Media Program</b> _____  <b>Length</b> _____ <b>New Media Program ID:</b> _____
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List only the Performer and/or Background Actor employed during the above indicated week WHO WORKED UNDER S.A.G. JURISDICTION and for whom contributions are due the Pension and Health Plans.

Report Performer and Background Actor Separately						
SOCIAL SECURITY NUMBER (Must be Completed)	PERFORMER/BACKGROUND ACTOR NAME  LAST                      FIRST                      INITIAL			CATEGORY		REPORTABLE GROSS COMPENSATION
				PERFORMER Sessions-S Supplemental - R1 Reuse - R2 Deferred-D	BACKGROUND ACTOR (E)	

**Total Gross Compensation Subject to Contributions** \_\_\_\_\_ \$

**Employer's Contribution** @ \_\_\_\_\_ % of Gross Compensation \_\_\_\_\_ \$

**Special Rate Code** (Please refer to page 2 for codes) \_\_\_\_\_

Liquidated Damages @ \_\_\_\_\_ % (See above) \_\_\_\_\_ \$

**Make check payable to: SCREEN ACTORS GUILD-PRODUCERS PENSION AND HEALTH PLANS**      Check No. \_\_\_\_\_

**Mail Original of P & H Report with contributions payment check to:**  
**P.O. Box 54867, Los Angeles CA 90054-0867**                      **Phone (818) 973-4472**

Only Producers who are signatory\* to an applicable collective bargaining contract of the Screen Actors Guild are eligible to make contributions to the Screen Actors Guild-Producers Pension and Health Plans on behalf of the eligible Performers/Background Actors employed by such Producers. Any contributions submitted by a non-signatory\* Producer will not be accepted.

I certify that the above-named Employer is signatory\* to such a collective bargaining agreement with the Screen Actors Guild. By signing this agreement, Producer acknowledges that it has accepted and agreed to be bound by the Pension & Health Provisions established by the collective bargaining agreement to which Producer is signatory. I further certify that the information contained herein is correct, and that all compensation subject to contributions earned by performers/background actors in our employ during the period covered has been reported herein.

Signature _____	Name _____	Title _____	Date _____
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\*A Producer will be considered to be signatory if the producer is a party to a collective bargaining agreement with the Screen Actors Guild, or if the collective bargaining has expired, the producer is obligated by federal law to continue to make such contributions.

**SCREEN ACTORS GUILD- PRODUCERS PENSION AND HEALTH PLANS  
NEW MEDIA AGREEMENT REPORTING FORM**

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1. Use this form to report production, editing or use of New Media programs
2. Report New Media programs with different start date of principal photography, casts, or for different programs, on separate form
3. Mail original P&H report along with the contribution check to Screen Actors Guild - Producers Pension and Health Plans  
P.O. Box 54867, Los Angeles, CA 90054-0867
4. Mail copy of P&H report to SAG office nearest the city in which program was made, refer to SAG branch addresses on [www.sag.org/branches](http://www.sag.org/branches)

**PERFORMER'S NEW MEDIA RATES**

15.30% Rate for New Employment, supplemental market use, or reuse for projects produced on or after 06-10-09

**BACKGROUND ACTORS NEW MEDIA RATES**

15.00% Rate for New Employment, supplemental market use, or reuse for projects produced on or after 06-10-09

**CONTRIBUTION LIMITS-PERFORMER/BACKGROUND ACTOR NEW MEDIA**

Please refer to your SAG Contract for negotiated rate

**Special Rate Codes**

L = Side Letter

H - Home Video

N = New Media