

**EMPLOYMENT RECAP FORM**

You must complete and return this form to the Directors Guild of America-Producer Pension Plan office if you have returned to DGA covered employment. Return this form by mail or fax to (323) 866-2372.

Participant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

If you have returned to DGA covered employment, provide a recap of your recently completed employment:

Year	Month	Job Category	Number of Days Worked	Name of Employer
	January			
	February			
	March			
	April			
	May			
	June			
	July			
	August			
	September			
	October			
	November			
	December			

If you have returned to DGA covered employment, and such employment has not been completed, indicate the date you expect such re-employment to cease: \_\_\_\_\_.

The Plan Office will advise you of the number of Basic Plan Payments, if any, that will be suspended and the date your monthly Basic Retirement Pension will resume.

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_