

Make checks payable & send reports to:

**DGA - PRODUCER PENSION AND HEALTH PLANS, INC.**

Effective For Work Performed on and after November 1, 2005

8436 West Third Street, Suite 900 / P.O. Box 48407 / Los Angeles, CA 90048  
 (323) 866-2200 (877) 866-2200 Outside Los Angeles Area (323) 653-2375 FAX

**(Must Check One)**  
 This Company Is Signatory To:  
 AICP \_\_\_\_\_ Non-  
 AICP \_\_\_\_\_

**REPORT OF CONTRIBUTIONS -- COMMERCIAL AGREEMENT**  
 Do not use this form for reporting employment under the Basic & Freelance Live & Tape Television, Network, or Miscellaneous Agreements.  
 There is a separate form for work performed under those agreements.

Please refer to Trust Agreements and/or applicable Collective Bargaining Agreements for more details.



**EMPLOYER:** \_\_\_\_\_

**CONTACT NAME & PHONE #:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

										CONTRIBUTIONS TO BE SENT IN BY EMPLOYER				
LAST,	FIRST	M.I.	CAT. CODE (A,B)	SOCIAL SECURITY NUMBER (3)	PROJECT OR COMMERCIAL	PERIOD WORKED (Report only one month per line)		# OF SHOOT DAYS (4)	SALARY PAID OR ACCRUED	EMPLOYEE PENSION 2.5%	EMPLOYER PENSION 5.5%	TRAINING PROGRAM & QUALIFICATION LISTS 0.25%	L, N, O (5)	EMPLOYER HEALTH 8.5% (6)
						FROM	TO							
<b>NOTES:</b>										<b>TOTALS</b>				

(A) CATEGORY CODES - PRINCIPALS	
DIRECTOR PRINCIPAL	DP
1ST AD/PRINCIPAL	1P
2ND AD/PRINCIPAL	2P
(B) CATEGORY CODES - OTHER	
ALL OTHER DIRECTORS	DR
1ST AD/STAFF	1S
1ST AD/FREELANCE	1A
2ND AD/STAFF	2S
2ND AD/FREELANCE	2A
UNIT PRODUCTION MGR	UP

- Contributions are to be made on a monthly basis, no later than the last day of each month for compensation accrued during the preceding month.
- The greater of liquidated damages or interest penalty will be charged for late contributions.
- Use only Social Security numbers. Federal I.D. numbers on Loan-Outs are not acceptable.
- Provide # of shoot days only for AICP directors coded as DR (see category codes).
- It is essential to indicate the city ("N" for New York, "L" for Los Angeles or "O" for Third Area) when making contributions to the Training Program and Qualification Lists. If a person worked in more than one area, please segregate by line for each area worked.
- Health Contributions for work performed on or after November 1, 2005 - are 8.5% of covered earnings. Please consult the applicable bargaining agreement for details, or call the number below if you have any questions.

EMPLOYER: PLEASE COMPLETE	
TOTAL CONTRIBUTIONS (1)	_____
LIQUIDATED DAMAGES/INTEREST(2)	_____
CHECK NUMBER	_____
PREPARED BY/DATE	_____

ADMINISTRATIVE USE ONLY	
PRODUCER NO.	_____
REFERENCE NO.	_____
ENTRY DATE	_____