

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 | | | | |
|---------------|-------|------|-----------------|---------------------------------------|-----------------------|--|----|--------------------------------|------------------------|---|-----------------------|--|------------------------|-------------------------------------|
| EMPLOYEE NAME | | | 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⁾ |
| LAST, | FIRST | M.I. | | | | FROM | TO | | | | | | | |
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| NOTES: | | | | | | | | | TOTALS | | | | | |

| (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 | _____ |