

Make checks payable & send reports to:

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

**Effective: January 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



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

**REPORT OF CONTRIBUTIONS -- NETWORK AGREEMENT (ENTERTAINMENT)**  
 Do NOT use this form for Commercial Agreements. There is a separate form for such contributions.

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

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

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

									CONTRIBUTIONS TO BE SENT IN BY EMPLOYER							
EMPLOYEE NAME		CAT. CODE (A)	SOCIAL SECURITY NUMBER <sup>(3)</sup>	PROJECT AND EPISODE/TITLE NUMBER, RESIDUAL RUN #, CLIP TITLE, ETC.	RES CODE (4)	PERIOD WORKED (Report only one month per line)		TOTAL # OF DAYS WORKED	SALARY PAID OR ACCRUED	EMPLOYEE PENSION 2.5%	EMPLOYER 5.5%	TRAINING PLAN 0.375%	L or N (5)	DGA CONTRACT 0.25% EAST 0.125% WEST	L or N (5)	EMPLOYER HEALTH 8.5% (6)
LAST	FIRST, M.I.					FROM	TO									
<b>TOTALS</b>																

(A) CATEGORY CODES	
DIRECTOR	DR
1ST ASST. DIRECTOR	1A
2ND ASST. DIRECTOR	2A
2ND 2ND ASSIST. DIRECTOR	3A
UNIT PRODUCTION MGR	UP
UPM/1AD	U1
ASSISTANT UPM	AU
ASSOC. DIRECTOR	AD
STAGE MANAGER	SM
PROGRAM PROD. ASST.	PA
TECH. COORDINATOR	TC
AUDIENCE SWITCHER (if signatory to Audience Switcher Agreement)	AS

- NOTES:**
- Contributions are due by the last day of the month following the month that compensation is earned or accrued.
  - The greater of liquidated damages or interest penalty will be charged for late contributions.
  - Use only Social Security Numbers. Federal I.D. numbers are not acceptable.
  - For residuals, clips or excerpts, mark "Y" in the RES CODE column. Complete PERIOD WORKED as the date of the residual check.
  - It is essential to indicate the city ("N" for New York or "L" for Los Angeles) for Training Plan and Qualification List where contributions are applicable.
  - Health Contributions for work performed January 1, 2005 and forward 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 <sup>(1)</sup>	_____
LIQUIDATED DAMAGES/INTEREST <sup>(2)</sup>	_____
CHECK NUMBER	_____
PREPARED BY/DATE	_____

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