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: _____

EMPLOYEE NAME LAST	FIRST, M.I.	CAT. CODE (A)	SOCIAL SECURITY NUMBER(3)	PROJECT AND EPISODE/TITLE NUMBER, RESIDUAL RUN #, CLIP TITLE, ETC.	RES CODE (4)	PERIOD WORKED (Report only one month per line) FROM	TO	TOTAL # OF DAYS WORKED	SALARY PAID OR ACCRUED	CONTRIBUTIONS TO BE SENT IN BY EMPLOYER: 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)
								TOTALS								

NOTES:

1. Contributions are due by the last day of the month following the month that compensation is earned or accrued.
2. The greater of liquidated damages or interest penalty will be charged for late contributions.
3. Use only Social Security Numbers. Federal I.D. numbers are not acceptable.
4. For residuals, clips or excerpts, mark "Y" in the RES CODE column. Complete PERIOD WORKED as the date of the residual check.
5. 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.
6. 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.

(A) CATEGORY CODES	
DIRECTOR	DR
IST 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

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

ADMINISTRATIVE USE ONLY	
PRODUCER NO.	
REFERENCE NO.	
ENTRY DATE	

If you would like additional copies of this form, have any questions on how to prepare this form or calculate amounts due, please contact the Contributions Department at (323)866-2200 Ext.225. If you would like to receive this form as an Excel spreadsheet, please send an email to: Contributions@dgaplans.org.