Make checks payable & send reports to:

Please refer to the Trust

DGA - PRODUCER PENSION AND HEALTH PLANS, INC.

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

Effective: January 1, 2006

REPORT OF CONTRIBUTIONS -- NETWORK AGREEMENT (NON-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.		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 PENSION 5.5%	EMPLOYER HEALTH 8.5% (4)
								TOTALS	$0.00	$0.00	$0.00	$0.00

(A) CATEGORY CODES

DIRECTOR	DR
ASSOC. DIRECTOR	AD
STAGE MANAGER	SM
PROGRAM PROD. ASST.	PA

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. Health Contributions for work performed January 1, 2006 and forward are 8.5% of covered earnings. Please consult the applicable network 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	

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.