

Directors Guild of America—Producer Pension and Health Plans Contributions Report Form: Regular Earnings (do not use for Vacation Pay)

For projects produced on or after December 1, 2011 under the Commercial Agreement (do not use for projects produced under other agreements)



Employer Information

Employer Name	Contact Person
Address	Phone
AICP or Non-AICP Company (Choose One)	
AICP / Non-AICP	

Report Information

Total Contributions Reported (Note 1)	\$0.00	Liquidated Damages/Interest (Note 2)
Check Number		Date Report Prepared

Employee Information				Project Information				Salary	Contributions to be Sent by Employer				
Last Name	First Name	Cat Code	Social Security Number <small>(Note 3)</small>	Project or Commercial Name	Work Period Begin Date	Work Period End Date	# of Shoot Days <small>(Note 4)</small>	Paid or Accrued	Employee Pension 2.5%	Employer Pension 5.5%	Qualification List 0.25%	L N O <small>(NS)</small>	Employer Health 10%
TOTALS								\$	\$	\$	\$		\$

Please make checks payable to **DGA—PRODUCER PENSION & HEALTH PLANS, INC.** and mail to:

DGA—Producer Pension and Health Plans
8436 W 3rd St Ste 900
Los Angeles CA 90048-4189
Attn: Contributions Department

If you have any questions regarding this form you can contact us at (323) 866-2200, ext. 567 or toll-free at (877) 866-2200, ext. 567. Our fax number is (323) 653-2375.

Additional copies of this form are available online at www.dgaplans.org/producers.

List of Valid Category Codes

Director/Principal: DP
 1st AD/Principal: 1P
 2nd AD/Principal: 2P
 All Other Directors: DR
 1st AD (Staff): 1S
 1st AD (Freelance): 1A
 2nd AD (Staff): 2S
 2nd AD (Freelance): 2A
 Unit Production Manager: UP

Notes

- 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.
- A Social Security number is required. Federal ID numbers are not acceptable.
- For AICP Directors (*i.e.* if you are an AICP company and the Category Code = "DR"), please provide # of shoot days.
- It is essential to indicate the city ("L" for Los Angeles, "N" for New York and "O" for Other Area) when making Training Plan or Qualification List contributions. If a person worked in multiple areas, please fill out one line for each area worked.

For Administrative Use

Producer Number
Reference Number
Entry Date
Prepared By