

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

**Report Information**

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

Employee Information				Project Information				Salary	Contributions
Last Name	First Name	Cat Code	Social Security Number (Note 3)	Project or Commercial Name	Work Period Begin Date	Work Period End Date	# of Work Days	Paid or Accrued	Employer Health 10%
<b>TOTALS</b>								\$	\$

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](http://www.dgaplans.org/producers).

**List of Valid Category Codes**

- 1<sup>st</sup> AD/Principal: 1P
- 2<sup>nd</sup> AD/Principal: 2P
- All Other Directors: DR
- 1<sup>st</sup> AD (Staff): 1S
- 1<sup>st</sup> AD (Freelance): 1A
- 2<sup>nd</sup> AD (Staff): 2S
- 2<sup>nd</sup> AD (Freelance): 2A
- Unit Production Manager: UP

**Notes**

- 1) 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.
- 2) The greater of liquidated damages or interest penalty will be charged for late contributions.
- 3) A Social Security number is required. Federal ID numbers are not acceptable.

**For Administrative Use**

Producer Number

Reference Number

Entry Date

Prepared By