SPRING 2017

Spotlight on Benefits is published up to four times a year for participants in the DGA–Producer Pension and Health Plans.

LEARN HOW YOUR BENEFITS WORK UNDER THE PENSION PLANS

Read our Frequently Asked Questions about the Basic and Supplemental Pension Plans. How are they different? When will you be eligible for benefits? Get your questions answered.

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Express Scripts Offers 90-Day Maintenance Drugs at Participating Walgreens Retail Locations

Participants who receive maintenance medications will now have a second option for obtaining their 90-day prescription at the same cost as Express Scripts Home Delivery.

Beginning May 1, 2017, you will now have the option to fill prescriptions for maintenance drugs at participating Walgreens retail locations. This option is offered as an alternative to the Express Scripts mail order option, with the same co-payments as mail order.

If you would like to use a Walgreens retail location to fill a maintenance drug prescription, have your physician write or call in a new prescription for a 90-day supply of your medication. Just like the mail order option, after two courtesy fills of a less than 90-day supply at Walgreens or any retail pharmacy, you will pay the entire cost of the maintenance prescription as opposed to paying only the mail order co-payment if you fill a 90-day maintenance prescription.

For existing prescriptions, Express Scripts requires at least 75% of a prescription filled through mail order be used before a new prescription for the same medication can be filled at Walgreens.

There are more than 8,000 Walgreens retail locations throughout the United States. In addition, Walgreens may operate as Duane Reade or as Happy Harry's in certain regions of the country. For additional information about the program, please call (866) 890-1419 or visit www.express-scripts.com/90day. PH

2016 Basic Pension Plan Funding Notice Enclosed

Spotlight
ON BENEFITS

VOLUME 25, NUMBER 1
SPRING 2017

DGA-PRODUCER
PENSION & HEALTH

Directors Guild of America-Producer Pension and Health Plans
5055 Wilshire Boulevard, Suite 600
Los Angeles, CA 90036
www.dgaplans.org
communications@dgaplans.org
(877) 866-2200

ABOUT THE PLANS

The Pension and Health Plans were created as a result of the Directors Guild of America's collective bargaining agreements with producer associations representing the motion picture, television and commercial production industries.

The DGA-Producer Pension and Health Plans are separate entities from the Directors Guild of America and are administered by a Board of Trustees made up of DGA representatives and Producers' representatives.

COMMUNICATIONS STAFF

DeLon Howell
Communications Editor
dhowell@dgaplans.org

Pay-By-Phone Service for Health Plan Premiums Coming Soon

Health Plan participants remitting self-pay or dependent premium payments by credit card, debit card or bank account will soon be able do so by automated phone service. With the addition of the pay-by-phone option, you will be able to pay your Health Plan premium online, by mail or by phone.

Pay-By-Phone from E-Bill Express will allow you to pay your premiums quickly and easily with no login required and no additional fees. In addition, the system uses the latest in interactive voice technology, enabling users to speak responses as well as enter choices on their phone's keypad. All you will need is your phone, Health Plan ID number, the last four digits of your social security number, and your payment information.

To pay by phone, you will follow the steps below:

1. Call the Plans Office at 1-877-866-2200.
2. Press #2 for the Participant Services menu.
3. Press #8 to transfer to E-Bill Express Pay-By-Phone.
4. Follow the prompts to complete your transaction.

After using Pay-by-Phone for the first time, the system will remember your payment information for future calls, saving you the time of re-entering the same information.

Pay-By-Phone will accept one-time payments only. For information on scheduling recurring or date-specific payments, visit www.dgaplans.org/onlinebillpay.htm.

Payments made over the phone before 5 p.m. Pacific Time will be credited to your account the following business day. Payments made after 5 p.m. Pacific Time will be credited to your account within two business days. All payments must be in U.S. currency.

Stay tuned to www.dgaplans.org for updates on when this service will be available. PH

Eligible for other entertainment industry coverage but didn't pay the premium? It still counts when coordinating benefits.

If you or your dependents are eligible for earned active primary coverage with another entertainment industry health plan that requires a premium and you fail to pay or decline to pay the premium in that plan, the DGA–Producer Health Plan will maintain its secondary position, typically paying about 20% of the allowable amount. You will be responsible for the balance. This rule serves to maintain the correct primary/secondary positions of the Health Plan.

When establishing which coverage pays your claims first, second, third, and so on, the Health Plan's Coordination of Benefits rules take into account all coverage for which you are eligible (excluding COBRA coverage). This is especially important if you are eligible for other entertainment industry plans, for which you may earn coverage but that require you to pay a premium.

Let's say you have the SAG-AFTRA Health Plan as your primary insurer and the DGA-Producer Health Plan as your secondary, but you fail to pay SAG-AFTRA's required premium. The DGA–Producer Health Plan still considers the SAG-AFTRA Health Plan as your primary coverage for as long as you maintain eligibility for SAG-AFTRA coverage and regardless of whether you pay the premium. The same is true for dependent coverage. For example, if the Writers Guild-Industry Health Fund is your primary insurer and you fail or decline to pay the required dependent premium, the DGA-Producer Health Plan will still consider the Writers Guild-Industry Health Fund as primary and will maintain its secondary position.

When establishing which coverage pays your claims first, second, third, and so on, the Health Plan's Coordination of Benefits rules take into account all coverage for which you are eligible (excluding COBRA coverage).

It is important that you keep us informed of your other coverage in order to avoid unanticipated out-of-pocket expenses. If you have any questions or changes in other coverage, please call the Participant Services Department at (323) 866-2200, extension 401.

For more information on Coordination of Benefits rules, go to www.dgaplans.org/forms/health to review the 2015 Health Plan Summary Plan Description and its updates. **PH**

Changes to Non-Network Medical Claim Forms and Submissions Process

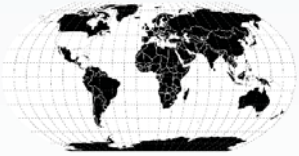
Anthem Blue Cross, the DGA–Producer Health Plan's medical claims administrator, has updated its claim forms and streamlined its claims submission process . All claim types (California, non-California and non-U.S.) are affected by these changes. Please review the information below to avoid unexpected processing delays.

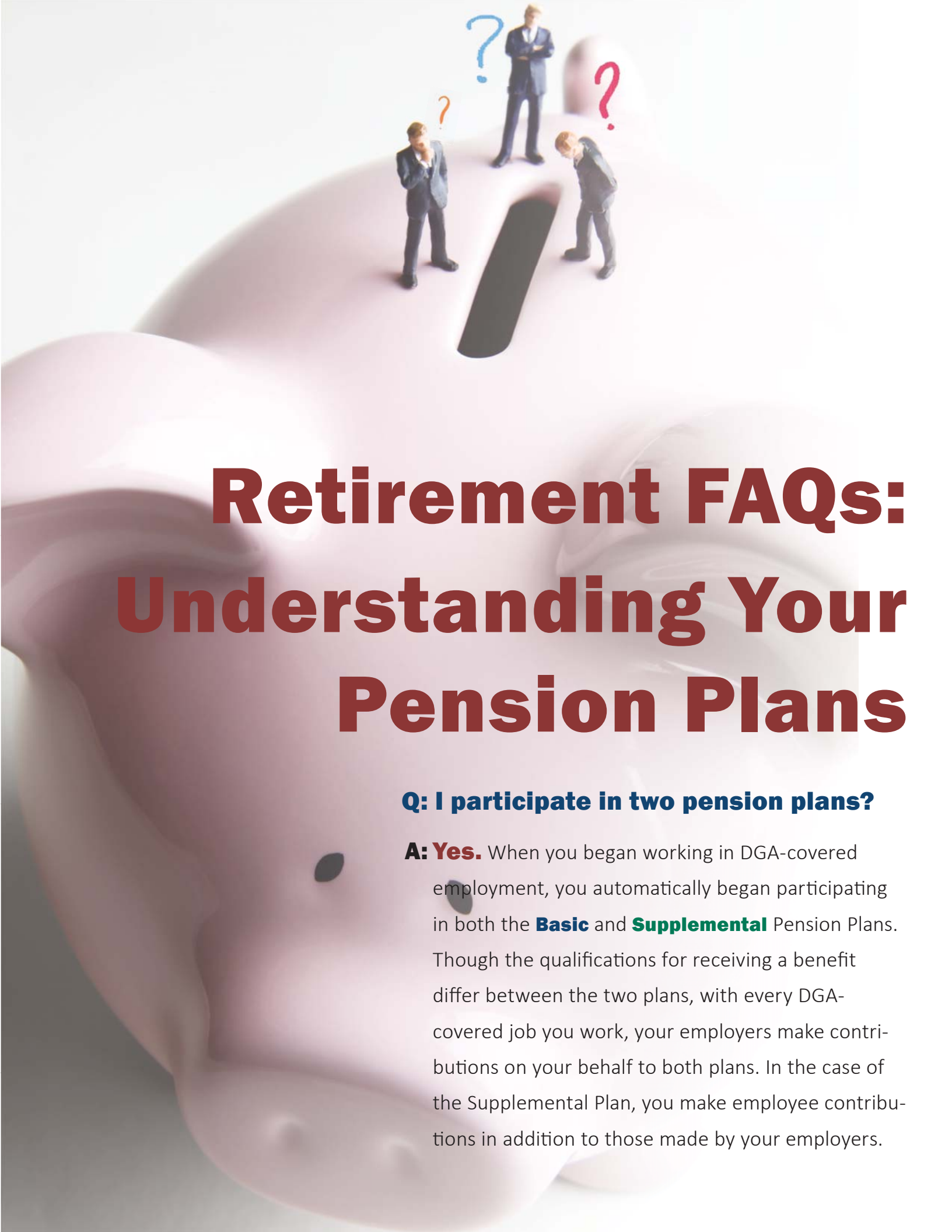
Simplified, Interactive Claim Forms

Newly simplified, interactive medical claim forms for all claim types (CA, non-CA and non-U.S.) are available now at www.dgaplans.org/forms/health. The new, interactive claim forms can be completed and printed from your computer and in most cases submitted via fax.

Updated Claims Submission Channels

Changes are highlighted in yellow below.

	 **Domestic, in California**	 **Domestic, outside California**	 **International**
	Customer Service: (877) 866-2200 ext. 401		Customer Service: (800) 810-2583
Fax	(866) 896-1393 (866) 896-6531 (866) 896-6629 (866) 896-6532 If you have Caller ID Block installed on your phone line, you will need to temporarily disable the feature by dialing *82 before faxing your claim to Blue Cross.		Not available
Email	Not available	Not available	claims@bcbsglobalcore.com
Online	Not available	Not available	www.bcbsglobalcore.com
Mail	Anthem Blue Cross PO Box 60007 Los Angeles, CA 90060-0007	Domestic claims outside CA should no longer be mailed to your local Blue Cross office. Use the address below: Anthem Blue Cross PO Box 60007 Los Angeles, CA 90060-0007	BlueCross BlueShield Global Core Service Center PO Box 2048 Southeastern, PA 19399
Other	Not available	Not available	BlueCross BlueShield Global mobile app (for Android, iPhone and iPod touch)



Retirement FAQs: Understanding Your Pension Plans

Q: I participate in two pension plans?

A: Yes. When you began working in DGA-covered employment, you automatically began participating in both the **Basic** and **Supplemental** Pension Plans. Though the qualifications for receiving a benefit differ between the two plans, with every DGA-covered job you work, your employers make contributions on your behalf to both plans. In the case of the Supplemental Plan, you make employee contributions in addition to those made by your employers.

The Basic Pension Plan

Guarantees eligible participants a fixed monthly benefit based on a formula that includes Credited Service Months and Career Average Earnings

Q: What is the Basic Pension Plan?

A: The DGA–Producer Basic Pension Plan ("the Basic Plan") is a defined benefit plan that guarantees eligible participants a fixed monthly benefit payable for their lifetime upon reaching retirement age or a lump sum for participants who meet certain eligibility requirements. The Basic Plan may also provide a benefit to a beneficiary following the participant's death.

Q How is my Basic Plan benefit calculated?

A: Basic Plan retirement benefits are based on a formula that calculates the exact benefit you can expect upon retirement. This formula includes your Career Average Earnings and number of Credited Service Months. You can decide, however, how your benefit is paid out.

Q: When can I receive retirement benefits from the Basic Plan?

A: You must first be vested in the Basic Plan before you can receive benefits. There are three ways to become vested in the Basic Plan: Five-Year, Ten-Year and Anniversary Vesting. Each method has its own qualifications, including required number of Credited Service Months and timing of covered earnings. For details on vesting, refer to the Pension Plans Summary Plan Description and its updates available at www.dgaplans.org.

Depending on how you become vested, you may become eligible to take a benefit as early as age 55 (or earlier if you become disabled).

Q: What payment options will I have for taking my Basic Plan benefit?

A: The default payment options for single and married participants are the Single Life Annuity and the 50% Joint and Survivor option, respectively. However, you can choose any of the Basic Plan's other payment options, such as the 100% Joint and Survivor, 75% Joint and Survivor and Ten-Year Certain and Life options, as well as the Immediate and Deferred Lump Sum options if you are eligible.

Q: May I contribute a portion of my wages or salary to my Basic Plan pension?

A: No. Employee contributions are not permitted into the Basic Plan. The Basic Plan is funded by Employer contributions (on your covered earnings and residuals) and investment returns. Remember, your benefit is based on a formula using your Career Average Earnings and Credited Service Months. The amount of contributions or the investment gains and losses do not affect that formula.

Q: How safe is my future Basic Plan benefit?

A: Once you are vested, you are guaranteed a Basic Plan benefit. Unlike the Supplemental Plan, benefits in the Basic Plan accrue independently of how the Basic Plan's investments perform.

As for fiscal resources, the Basic Plan is the best funded plan in the entertainment industry and one of the best funded in the nation. The Plan has maintained Green Zone status under the Pension Protection Act of 2006 for the ten consecutive years since the law's passing, the highest possible status for any pension plan. And as of January 1, 2016, the Basic Plan's 95.4% funded percentage means the Plan is well-positioned to meet its obligations for the foreseeable future. (See 2016 Basic Pension Plan Funding Notice insert.)

Q: Do I have to pay taxes on the pension benefit I receive when I retire?

A: Yes. The money you receive from the Basic Plan at retirement is taxed as federal personal income. The benefit, however, is not subject to social security payroll tax. With respect to state taxes, the rules vary. For additional information, please consult with a professional tax advisor.

Retiring participants who are not US citizens and who live outside the U.S. may be able to take advantage of tax treaty benefits between the U.S. and their country of residence. Otherwise, the default tax rate for foreign participants is 30%.

Q: Will my spouse receive my Basic Plan benefit after I die?

A: If you have already retired from the Basic Plan at the time of your death, spousal benefits will depend on whether the payment option you chose at retirement included a survivor benefit. Your spouse must consent to any election without a survivor benefit, including the lump sum option.

If you die before you retire, spousal benefits depend on your vesting status and whether you were married for 12 months or more. For details on pre-retirement death benefits, refer to the Pension Plans Summary Plan Description and its updates available at www.dgaplans.org.

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The Supplemental Pension Plan

You and your DGA-signatory employers make contributions on your behalf to your Supplemental Plan Individual Account, which is then subject to investment gains and losses

Q: What is the Supplemental Pension Plan?

A: The DGA–Producer Supplemental Pension Plan ("the Supplemental Plan") is a defined contribution plan, in which the assets of your account are comprised of the following:

- contributions made by your employers;
- contributions made by you;
- rollovers into your account; and
- investment gains and losses.

You contribute 2.5% of your reportable earnings to your individual account. These contributions are made on an after-tax basis and are not taxable when paid to you or your beneficiary. Contributions are credited when received. Investment gains and losses (net of administrative and investment expenses) are allocated monthly.

Q: May I contribute a portion of my wages or salary to my Supplemental Plan account beyond the 2.5% already contributed?

A: No. Pursuant to the terms of the Collective Bargaining Agreements, only 2.5% of your Covered Earnings may be contributed to the Supplemental Plan. However, the Supplemental Plan can accept rollovers from your other qualified retirement accounts, including lump sums from the Basic Plan. For more information on rollovers into the Supplemental Plan, go to www.dgaplans.org/rollovers.

Q: When can I receive retirement benefits from my Supplemental Plan account?

A: You must first be vested in the Supplemental Plan before you can receive benefits from your account. You become vested in the different portions of your account at different times. You are automatically vested in the portion of your account related to your employee contributions and rollovers and related investment returns. You become vested in the employer portion of your account and related investment returns on the earliest of:

- the date you earn 36 Credited Service Months;
- the date you turn age 60;
- the date you become disabled; or
- the date you die.

Once you become vested in the Supplemental Plan, you are eligible to take a benefit beginning at age 60 (earlier if you become disabled).

Q: What are my payment options when taking a benefit from my Supplemental Plan account?

A: The Supplemental Plan offers a wide selection of payment options for creating a flexible retirement benefit according to your needs. You can use your account to provide additional monthly income to augment your Basic Plan benefit, to fund one-time expenses or in any number of creative ways. Depending on your account balance, you can take a benefit as a series of partial distributions, a lump sum, or to purchase a monthly annuity, including the MetLife Qualified Longevity Annuity Contract (QLAC) that allows you to defer commencement of annuity payments, on a tax-deferred basis, up to as late as age 85.

Q: What happens to my account balance after I die?

A: Your account balance is payable to those you have named as a beneficiary on the Plans' beneficiary designation form. A surviving spouse has the ability to select from all available payment options. Non-spouse beneficiaries will receive the remaining balance as a lump sum.

It is important to keep your beneficiary designation form up to date, especially with certain life events like marriage, the birth of a child or divorce. To submit a revised beneficiary form, simply download the form at www.dgaplans.org/forms/pension/ and send the completed form by mail, fax or email, as indicated on the form. PH

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PENSION & HEALTH
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www.dgaplans.org

HAVE NEW CONTACT INFORMATION? TELL US.

Keep your information with the Plans up to date so you don't miss out on important benefits and communications. Whenever your contact information changes, be sure to complete a Change of Address Form available at www.dgaplans.org and return it to our Address Change Department by email at addresschange@dgaplans.org or fax at (323) 866-2389. You can also call us at (877) 866-2200 ext. 407. PH

DGA-PRODUCER
PENSION PLANS

Directors Guild of America–Producer Pension Plans
5055 Wilshire Blvd • Suite 600 • Los Angeles, California 90036
(323) 866-2200 • Toll-Free (877) 866-2200
www.dgaplans.org

Annual Funding Notice for the Directors Guild of America–Producer Pension Plan Basic Benefit Plan

Introduction

This notice includes important information about the funding status of your multiemployer pension plan ("the Plan") and general information about the benefit payments guaranteed by the Pension Benefit Guaranty Corporation ("PBGC"), a federal insurance agency. All traditional pension plans (called "defined benefit pension plans") must provide this notice every year regardless of their funding status. This notice does not mean that the Plan is terminating. It is provided for informational purposes and you are not required to respond in any way. This notice is for the plan year beginning January 1, 2016 and ending December 31, 2016 ("Plan Year").

How Well Funded Is Your Plan

Under federal law, the Plan must report how well it is funded by using a measure called the "funded percentage." This percentage is obtained by dividing the Plan's assets by its liabilities on the Valuation Date for the Plan Year. In general, the higher the percentage, the better funded the plan. Your Plan's funded percentage for the Plan Year and each of the two preceding Plan Years is set forth in the chart below, along with a statement of the value of the Plan's assets and liabilities for the same period.

	2016 Plan Year	2015 Plan Year	2014 Plan Year
Valuation Date	January 1, 2016	January 1, 2015	January 1, 2014
Funded Percentage	95.43%	100.90%	101.32%
Value of Assets	$1,567,501,737	$1,535,087,542	$1,460,483,736
Value of Liabilities	$1,642,523,540	$1,521,466,562	$1,441,468,312

Year-End Fair Market Value of Assets

The asset values in the chart above are measured as of the Valuation Date for the Plan Year and are actuarial values. Because market values can fluctuate daily based on factors in the marketplace, such as changes in the stock market, applicable federal law allows plans to use actuarial values that are designed to smooth out those fluctuations for funding purposes. The asset values below are market values and are measured as of the last day of the Plan Year, rather than as of the Valuation Date. Substituting the market value of assets for the actuarial value used in the above chart would show a clearer picture of a plan's funded status as of the Valuation Date. The fair market value of the Plan's assets as of the last day of the Plan Year and each of the two preceding Plan Years is shown in the following table:

	December 31, 2016	December 31, 2015	December 31, 2014
Fair Market Value of Assets	$1,504,821,858	$1,404,686,177	$1,413,657,069

Endangered, Critical, or Critical and Declining Status

Under applicable federal law, a plan generally will be considered to be in "endangered" status if, at the beginning of the plan year, the funded percentage of the plan is less than 80 percent, or in "critical" status if the percentage is less than 65 percent (other factors may also apply). A plan is in "critical and declining" status if it is in critical status and is projected to become insolvent (run out of money to pay benefits) within 15 years (or within 20 years if a special rule applies). If a pension plan enters endangered status, the trustees of the plan are required to adopt a funding improvement plan. Similarly, if a pension plan enters critical status or critical and declining status, the trustees of the plan are required to adopt a rehabilitation plan. Rehabilitation and funding improvement plans establish steps and benchmarks for pension plans to improve their funding status over a specified period of time. The plan sponsor of a plan in critical and declining status may apply for approval to amend the plan to reduce current and future payment obligations to participants and beneficiaries.

The Plan was not in endangered, critical, or critical and declining status in the Plan Year.

Participant Information

The total number of participants and beneficiaries covered by the Plan as of the Plan's Valuation Date was 12,252. Of this number, 7,363 were active participants, 2,707 were retired or separated from service and receiving benefits, and 2,182 were retired or separated from service and entitled to future benefits.

Funding & Investment Policies

Every pension plan must have a procedure for establishing a funding policy to carry out plan objectives. A funding policy relates to the level of assets needed to pay for benefits promised under the plan currently and over the years. The funding policy of the Plan is as follows:

The applicable collective bargaining agreements stipulate the contribution rates for determining contributions to fund the Plan's benefits. Actual contributions are thus a function of these negotiated contribution rates and the covered earnings of participants. Additionally, the Plan receives contributions based on residuals, which are not related to participants' current covered earnings. It is intended that the actual contributions will be sufficient to fund each year's benefit accrual and also amortize any unfunded liabilities over 15 years measured from each January 1 valuation date.

Once money is contributed to the Plan, the money is invested by Plan officials called fiduciaries, who make specific investments in accordance with the Plan's investment policy. Generally speaking, an investment policy is a written statement that provides the fiduciaries who are responsible for plan investments with guidelines or general instructions concerning investment management decisions. The investment policy of the Plan is to achieve a positive rate of return for the Plan over the long term that significantly contributes to meeting the Plan's obligations, including actuarial interest and benefit payment obligations.

Under the Plan's investment policy, the Plan's assets were allocated among the following categories of investments, as of the end of the Plan Year. These allocations are percentages of total assets:

Asset Allocations	Percentage
Interest-bearing cash	1.5
U.S. Government securities	3.4
Corporate debt instruments (other than employer securities):	
Preferred	1.7
All Other	2.6
Corporate stocks (other than employer securities):	
Preferred	0.0
Common	1.9
Partnership/joint venture interests	17.1
Real estate (other than employer real property)	0.0
Loans (other than to participants)	0.0
Participant loans	0.0
Value of interest in common/collective trusts	29.8
Value of interest in pooled separate accounts	0.0
Value of interest in master trust investment accounts	0.0
Value of interest in 103-12 investment entities	20.1
Value of interest in registered investment companies (*e.g.* mutual funds)	20.4
Value of funds held in insurance co. general account (unallocated contracts)	0.0
Employer-related investments:	
Employer Securities	0.0
Employer Real Property	0.0
Buildings and other property used in Plan operation	0.0
Other	1.5

For information about the Plan's investment in any of the following types of investments as described in the chart above – common/collective trusts, pooled separate accounts, master trust investment accounts, or 103-12 investment entities – contact Jean Sommerville, CFO, at (323) 866-2224.

Right to Request a Copy of the Annual Report

A pension plan is required to file with the U.S. Department of Labor an annual report called the Form 5500 that contains financial and other information about the plan. Copies of the Plan's annual report are available from the U.S. Department of Labor, Employee Benefits Security Administration's Public Disclosure Room at 200 Constitution Avenue, NW, Room N-1513, Washington, DC 20210, or by calling (202) 693-8673. For 2009 and subsequent Plan Years, you may obtain an electronic copy of the Plan's annual report by going to **www.efast.dol.gov** and using the Form 5500 search function. Or you may obtain a copy of the Plan's annual report by making a written request to the Plan administrator. Individual information, such as the amount of your accrued benefit under the Plan, is not

contained in the annual report. If you are seeking information regarding your benefits under the Plan, contact the Plan administrator identified below under "Where to Get More Information."

Summary of Rules Governing Insolvent Plans

Federal law has a number of special rules that apply to financially troubled multiemployer plans that become insolvent, either as ongoing plans or plans terminated by mass withdrawal. The plan administrator is required by law to include a summary of these rules in the annual funding notice. A plan is insolvent for a plan year if its available financial resources are not sufficient to pay benefits when due for that plan year. An insolvent plan must reduce benefit payments to the highest level that can be paid from the plan's available resources. If such resources are not enough to pay benefits at a level specified by law (see Benefit Payments Guaranteed by the PBGC, below), the plan must apply to the PBGC for financial assistance. The PBGC will loan the plan the amount necessary to pay benefits at the guaranteed level. Reduced benefits may be restored if the plan's financial condition improves.

A plan that becomes insolvent must provide prompt notice of its status to participants and beneficiaries, contributing employers, labor unions representing participants, and PBGC. In addition, participants and beneficiaries also must receive information regarding whether, and how, their benefits will be reduced or affected, including loss of a lump sum option. This information will be provided for each year the plan is insolvent.

Benefit Payments Guaranteed by the PBGC

The maximum benefit that the PBGC guarantees is set by law. Only benefits that you have earned a right to receive and that cannot be forfeited (called vested benefits) are guaranteed. There are separate insurance programs with different benefit guarantees and other provisions for single-employer plans and multiemployer plans. Your Plan is covered by PBGS's multiemployer program. Specifically, the PBGC guarantees a monthly benefit payment equal to 100 percent of the first $11 of the Plan's monthly benefit accrual rate, plus 75 percent of the next $33 of the accrual rate, times each year of credited service. The PBGC's maximum guarantee, therefore, is $35.75 per month times a participant's years of credited service.

> *Example 1*: If a participant with 10 years of credited service has an accrued monthly benefit of $600, the accrual rate for purposes of determining the PBGC guarantee would be determined by dividing the monthly benefit by the participant's years of service ($600/10), which equals $60. The guaranteed amount for a $60 monthly accrual rate is equal to the sum of $11 plus $24.75 (.75 x $33), or $35.75. Thus, the participant's guaranteed monthly benefit is $357.50 ($35.75 x 10).
>
> *Example 2*: If the participant in Example 1 has an accrued monthly benefit of $200, the accrual rate for purposes of determining the guarantee would be $20 (or $200/10). The guaranteed amount for a $20 monthly accrual rate is equal to the sum of $11 plus $6.75 (.75 x $9), or $17.75. Thus, the participant's guaranteed monthly benefit would be $177.50 ($17.75 x 10).

The PBGC guarantees pension benefits payable at normal retirement age and some early retirement benefits. In addition, the PBGC guarantees qualified preretirement survivor benefits (which are preretirement death benefits payable to the surviving spouse of a participant who dies before starting to receive benefit payments). In calculating a person's monthly payment, the PBGC will disregard any benefit increases that were made under the plan within 60 months before the earlier of the plan's termination or insolvency (or benefits that were in effect for less than 60 months at the time of termination or insolvency). Similarly, the PBGC does not guarantee pre-retirement death benefits to a spouse or beneficiary (*e.g.* a qualified pre-retirement survivor annuity) if the participant dies after the plan terminates, benefits above the normal retirement benefit, disability benefits not in pay status, or non-pension benefits, such as health insurance, life insurance, death benefits, vacation pay, or severance pay.

For more information about the PBGC and the pension insurance program guarantees, go to the Multiemployer Page on PBGC's website at www.pbgc.gov/multiemployer. Please contact your employer or Plan administrator for specific information about your Plan or pension benefits. PBGC does not have that information. See "Where to get More Information" below."

Where to Get More Information

For more information about this notice, you may contact Ed Bohm, Manager, Pension Department, at the Directors Guild of America–Producer Pension Plans, 5055 Wilshire Blvd, Suite 600, Los Angeles, CA 90036, (323) 866-2200. For identification purposes, the official Plan number is 001 and the Plan Sponsor's name and employer identification number or "EIN" are the Board of Trustees, Directors Guild of America–Producer Pension Plan Basic Benefit Plan, and 95-2892780, respectively.