

Commercial Agreement: Regular Earnings Contributions Report Form
(Use separate form for Vacation Pay)



Employer Information

Employer Name	Contact Person
Address	Phone Number/Email
Choose One: <input type="checkbox"/> AICP <input type="checkbox"/> Non-AICP	

Report Information

Total Contributions Reported ⁽¹⁾	\$0.00	Liquidated Damages/Interest ⁽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 ⁽³⁾	Project or Commercial Name	Work Period Begin Date	Work Period End Date	# of Shoot Days ⁽⁴⁾	Paid/ Presumed ⁽⁵⁾	Employee Pension 2.5%	Employer Pension	Employer Pension Rate ⁽⁶⁾	Qual. List Div. Fund 0.5% ⁽⁷⁾	L N O ⁽⁸⁾	CIAF ⁽⁹⁾	Employer Health
											%				
											%				
											%				
											%				
											%				
											%				
											%				
TOTALS								\$	\$	\$		\$		\$	\$

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

DGA–Producer Pension and Health Plans
5055 Wilshire Blvd Suite 600
Los Angeles CA 90036
Attn: Contributions Department

If remitting payment electronically, please email this report to: contributions@dgaplans.org
Additional copies of this form are available online at www.dgaplans.org/producers.
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.

Notes

- 1) Employer contributions are to be made on a monthly basis, no later than the last day of each month for compensation earned 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.
- 4) For AICP companies, provide number of shoot days for all non-Principal Directors.
- 5) For non-AICP companies, refer to Article 3-104 of the National Commercial Agreement. For AICP companies, refer to the AICP Sideletter as modified by the 2023 MOA.
- 6) **Employer Pension rate is 8.75% effective 12/1/25** and 8.50% effective 1/3/22 to 11/30/25.
- 7) Contribution of **0.50%** is broken down as follows: 0.25% to Qualification List and 0.25% to Diversity Program effective 1/25/24.
- 8) When reporting Contract Qual./Div. Fund contributions, indicate the area ("L" for Los Angeles, "N" for New York or “O” for Other Area).
- 9) **Commercial Industry Administrative Fund is 0.45% effective 12/1/25** and 0.40% effective 1/25/24 to 11/30/25.
- 10) **Health rate is 11.25% effective 12/1/25 and** 11.0% effective 12/1/24 to 11/30/25.

List of Valid Job Category Codes

DR – Director	UP – Unit Production Manager
DP – Principal Director	PU – Principal UPM
1A – 1 st Assistant Director	12 – 1 st AD/2 nd AD
1P – Principal 1 st Asst. Director	2L – 2 nd 2 nd AD/Location Manager
1S – Staff 1 st Assistant Director	3A – 2 nd 2 nd Assistant Director
2A – 2 nd Assistant Director	4A – Additional 2 nd Assistant Director
2P – Principal 2 nd Asst. Director	U1 – UPM/1 st Assistant Director
2S – Staff 2 nd Assistant Director	FD – Freelance Director
US – Staff UPM	