Make checks payable & send reports to:

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 For Work Performed on and after November 1, 2005

(Must Check One)
This Company Is Signatory To:
AICP_____ Non-AICP_____

REPORT OF CONTRIBUTIONS -- COMMERCIAL AGREEMENT

Do not use this form for reporting employment under the Basic & Freelance Live & Tape Television, Network, or Miscellaneous Agreements.
There is a separate form for work performed under those agreements.

Please refer to Trust Agreements and/or applicable Collective Bargaining Agreements for more details.

EMPLOYER: _____ **CONTACT NAME & PHONE #:** _____

ADDRESS: _____

EMPLOYEE NAME LAST, FIRST M.I.	CAT. CODE (A,B)	SOCIAL SECURITY NUMBER (3)	PROJECT OR COMMERCIAL		PERIOD WORKED (Report only one month per line) FROM	TO	# OF SHOOT DAYS (4)	SALARY PAID OR ACCRUED	CONTRIBUTIONS TO BE SENT IN BY EMPLOYER: EMPLOYEE PENSION 2.5%	EMPLOYER PENSION 5.5%	COMMERCIAL QUALIFICATION LIST 0.25%	L, N, O (5)	EMPLOYER HEALTH 8.5% (6)
TOTALS													

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. Use only Social Security numbers. Federal I.D. numbers on Loan-Outs are not acceptable.
4. Provide # of shoot days only for AICP directors coded as DR (see category codes).
5. It is essential to indicate the city ("N" for New York, "L" for Los Angeles or O for all other areas) when making contributions to Qualification List.
6. Health Contributions for work performed on or after November 1, 2005 - are 8.5% of covered earnings. Please consult the applicable bargaining agreement for details, or call the number below if you have any questions.

(A) CATEGORY CODES - PRINCIPALS	
DIRECTOR PRINCIPAL	DP
1ST AD/PRINCIPAL	1P
2ND AD/PRINCIPAL	2P
(B) CATEGORY CODES - OTHER	
ALL OTHER DIRECTORS	DR
1ST AD/STAFF	1S
1ST AD/FREELANCE	1A
2ND AD/STAFF	2S
2ND AD/FREELANCE	2A
UNIT PRODUCTION MGR	UP

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.