

SCREEN ACTORS GUILD- PRODUCERS PENSION AND HEALTH PLANS

TV COMMERCIALS EXHIBIT B

All Information on the form must be completed

P&H Account Number:	Payroll Period:	Report/Payment Date:	Commercial <input type="checkbox"/> Infomercial <input type="checkbox"/>
Reporting Company, Address & Telephone	Advertiser/ Parent Company:		Product Type
Print Name & Title of Person completing form:	Advertising Agency:		
Signature:	Production Company:		
Commercial ID/Title	Length (in seconds)	Original Session Date(s):	1st Air Date:
Lift ID/Title	Length (in seconds)	CYCLE DATES:	
If New ID, indicate Last reported ID:	REPORT TYPE: <input type="checkbox"/> SESSION <input type="checkbox"/> HOLDING <input type="checkbox"/> USE <input type="checkbox"/> CREDIT (Clarify in comments)		Check here <input type="checkbox"/> if Spanish Language

PROGRAM <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> With NY <input type="checkbox"/> Class C	DEALER <input type="checkbox"/> Type A <input type="checkbox"/> With NY <input type="checkbox"/> Type B <input type="checkbox"/> With NY	CABLE <input type="checkbox"/> Made for <input type="checkbox"/> Fm Broadcast <input type="checkbox"/> Cable Maximum (2000 Units)	FOREIGN <input type="checkbox"/> Rest of World <input type="checkbox"/> United Kingdom <input type="checkbox"/> Europe <input type="checkbox"/> Japan <input type="checkbox"/> Asia/Pacific	SPANISH LANGUAGE <input type="checkbox"/> Program <input type="checkbox"/> Spot	Total Spot Units:
U INTERNET <input type="checkbox"/> Made-For <input type="checkbox"/> 8-Week <input type="checkbox"/> 1-Year <input type="checkbox"/> Move-Over <input type="checkbox"/> 8-Week <input type="checkbox"/> 1-Year		S NEW MEDIA <input type="checkbox"/> Made-For <input type="checkbox"/> 8-Week <input type="checkbox"/> 1-Year <input type="checkbox"/> Move-Over <input type="checkbox"/> 8-Week <input type="checkbox"/> 1-Year		E <input type="checkbox"/> Theatrical/Industrial Exhibition <input type="checkbox"/> Other (Specify in Comments)	
W <input type="checkbox"/> NEW YORK <input type="checkbox"/> Grand Rapids <input type="checkbox"/> Philadelphia <input type="checkbox"/> W. Palm Beach	I <input type="checkbox"/> LOS ANGELES <input type="checkbox"/> Greenville <input type="checkbox"/> Phoenix <input type="checkbox"/> Mexico City	L <input type="checkbox"/> CHICAGO <input type="checkbox"/> Harrisburg <input type="checkbox"/> Pittsburgh <input type="checkbox"/> Montreal	D <input type="checkbox"/> Atlanta <input type="checkbox"/> Hartford/N. Haven <input type="checkbox"/> Portland Or <input type="checkbox"/> Puerto Rico	Y <input type="checkbox"/> Baltimore <input type="checkbox"/> Houston <input type="checkbox"/> Raleigh-Durham <input type="checkbox"/> Toronto	P <input type="checkbox"/> Birmingham <input type="checkbox"/> Indianapolis <input type="checkbox"/> Sacramento <input type="checkbox"/> Vancouver BC
S <input type="checkbox"/> Boston <input type="checkbox"/> Kansas City <input type="checkbox"/> Salt Lake City	E <input type="checkbox"/> Charlotte <input type="checkbox"/> Las Vegas <input type="checkbox"/> St. Louis	P <input type="checkbox"/> Cincinnati <input type="checkbox"/> Miami <input type="checkbox"/> San Antonio	O <input type="checkbox"/> Cleveland <input type="checkbox"/> Milwaukee <input type="checkbox"/> San Diego	T <input type="checkbox"/> Columbus, OH <input type="checkbox"/> Minneapolis/St. Paul <input type="checkbox"/> San Francisco	No. of Additional Cities:
<input type="checkbox"/> Dallas/Ft. Worth <input type="checkbox"/> Nashville <input type="checkbox"/> Seattle/Tacoma	<input type="checkbox"/> Denver <input type="checkbox"/> Norfolk <input type="checkbox"/> Tampa	<input type="checkbox"/> Detroit <input type="checkbox"/> Orlando <input type="checkbox"/> Washington DC	(a) Gross Payment (Sum Col. 9, all pages) \$ _____		
			(b) CONTRIBUTION		FOR OFFICE USE ONLY
			04/01/09 → 15.50% \$ _____		Check No. _____ Pmt. _____ Amt. _____ Date _____ Recd. _____
			10/30/06 → 14.80% \$ _____		
			10/30/03 → 14.30% \$ _____		
			10/30/00 → 13.30% \$ _____		
			2/7/94 → 12.65% \$ _____		
			2/7/92 → 12.50% \$ _____		
			(c) Make checks payable to: SAG-PRODUCERS PENSION & HEALTH PLANS.		

CLASS A USE DETAIL List additional uses in Comments or on a separate report. In "L/D" Column, mark uses of "included lift" with "L," mark uses to which discount applies with "D." Note any separate Use Number sequence for uses of 10-/15-second version in Comments.

Use #	L/D	Date	Program	Use #	L/D	Date	Program	Use #	L/D	Date	Program

Comments

(1) Social Security Account Number	(2) Performer's Name			(3) Perf. Categ	(4) Camera		(5) (6) (7) If Session Report, Indicate			(8) If upgrade, show amount already paid for cycle	(9) Gross Payment	(10) Check if Multi Service Contract
	Last	First	Initial		On	Off	No. of Comms	Date(s) Worked	Birthdate, if under age 4			

Total Gross Compensation Subject to Contributions _____ \$

Employer's Contribution @ _____ % of Gross Compensation _____ \$

Special Rate Code _____

Make check payable to: SCREEN ACTORS GUILD-PRODUCERS PENSION AND HEALTH PLANS Check No. _____
 P.O. Box 54867, Los Angeles CA 90054-0867 Phone (818) 973-4472

Only Producers who are signatory* to an applicable collective bargaining contract of the Screen Actors Guild are eligible to make contributions to the Screen Actors Guild-Producers Pension and Health Plans on behalf of the eligible Performers employed by such Producers. Any contributions submitted by a non-signatory* Producer will not be accepted.

I certify that the above-named Employer is signatory* to such a collective bargaining agreement with the Screen Actors Guild. By signing this agreement, Producer acknowledges that it has accepted and agreed to be bound by the Pension & Health Provisions established by the collective bargaining agreement to which Producer is signatory. I further certify that the information contained herein is correct, and that all compensation subject to contributions earned by performers in our employ during the period covered has been reported herein.

Signature _____ Name _____ Title _____ Date _____

*A Producer will be considered to be "signatory" if the producer is a party to a collective bargaining agreement with the Screen Actors Guild, or, if the collective bargaining agreement has expired, the producer is obligated by federal law to continue to make such contributions.

**SCREEN ACTORS GUILD- PRODUCERS PENSION AND HEALTH PLANS
TV COMMERCIALS EXHIBIT B**

1. Use this form to report Production, Editing, or Use of programs
2. Report programs with different casts, or for different advertisers, on separate forms.
3. Mail copy of P & H Report to SAG office nearest the city in which commercial was made, refer to SAG branch addresses on www.sag.org/branches.
4. Additional information and forms may be obtained by referring to the Plans website at www.sagph.org/StudioWeb or requesting via U.S. Mail to: SAG-Producers Pension & Health Plans, P.O. Box 54867, Los Angeles, CA 90054-0867

Schedule of Contributions to Screen Actors Guild-Producers Pension and Health Plans

ACTORS

- 15.50% Rate: For commercials produced on or after 04-01-09 (and Re-Run Fees thereon)
- 14.80% Rate: For commercials produced on or after 10-30-06 (and Re-Run Fees thereon)
- 14.30% Rate: For commercials produced on or after 10-30-03 (and Re-Run Fees thereon)
- 13.30% Rate: For commercials produced on or after 10-30-00 (and Re-Run Fees thereon)
- 13.30% Rate: For commercials produced on or after 05-01-00 for RIA Group (and Re-Run Fees thereon)
- 14.15% Rate: For commercials produced on or after 05-01-00 for CIA Group (and Re-Run Fees thereon)
- 12.65% Rate: For commercials produced on or after 02-07-94 (and Re-Run Fees thereon)
- 12.50% Rate: For commercials produced on or after 02-07-92 (and Re-Run Fees thereon)
- 11.50% Rate: For commercials produced on or after 04-15-88 (and Re-Run Fees thereon)
- 11.00% Rate: For commercials produced on or after 02-07-85 (and Re-Run Fees thereon)
- 10.00% Rate: For commercials produced on or after 02-07-82 (and Re-Run Fees thereon)
- 9.00% Rate: For commercials produced on or after 02-07-79 (and Re-Run Fees thereon)
- 8.50% Rate: For commercials produced on or after 11-16-74 (and Re-Run Fees thereon)
- 7.75% Rate: For commercials produced on or after 07-01-72 (and Re-Run Fees thereon)
- 5.00% Rate: For commercials produced on or after 01-01-61 (and Re-Run Fees thereon)

Schedule of Contributions to Screen Actors Guild-Producers Pension and Health Plans

BACKGROUND PERFORMERS

- 15.50% Rate: For commercials produced on or after 04-01-09 (and Re-Run Fees thereon)
- 14.80% Rate: For commercials produced on or after 10-30-06 (and Re-Run Fees thereon)
- 14.30% Rate: For commercials produced on or after 10-30-03 (and Re-Run Fees thereon)
- 13.30% Rate: For commercials produced on or after 10-30-00 (and Re-Run Fees thereon)
- 13.30% Rate: For commercials produced on or after 05-01-00 for RIA group (and Re-Run Fees thereon)
- 14.15% Rate: For commercials produced on or after 05-01-00 for CIA Group (and Re-Run Fees thereon)
- 12.65% Rate: For commercials produced on or after 02-07-94 (and Re-Run Fees thereon)
- 12.50% Rate: For commercials produced on or after 02-07-92 (and Re-Run Fees thereon)
- 11.50% Rate: For commercials produced on or after 04-15-88 (and Re-Run Fees thereon)
- 11.00% Rate: For commercials produced on or after 02-07-85 (and Re-Run Fees thereon)
- 10.00% Rate: For commercials produced on or after 02-07-82 (and Re-Run Fees thereon)
- 9.00% Rate: For commercials produced on or after 02-07-79 (and Re-Run Fees thereon)
- 8.50% Rate: For commercials produced on or after 11-16-74 (and Re-Run Fees thereon)
- 7.75% Rate: For commercials produced on or after 07-01-72 (and Re-Run Fees thereon)
- 5.00% Rate: For commercials produced on or after 01-01-61 (and Re-Run Fees thereon)

MULTIPLE SERVICE CONTRACT REPORTING PROCEDURES

According to the 2009 Screen Actors Guild Commercials Agreement, "Producer shall designate multi-service contract status on the contribution remittance reports filed with the Plans when contributions are tendered in connection with services related to multiple-service agreement. Producer agrees to provide unredacted copies of all contracts relating to services provided under such multiple-service agreements to SAG and to the Plans at the time of submission of initial contribution reports to the Plans." A multiple-service agreement should be noted with a check mark in column (10) on page 1 of the TV Commercials Exhibit B Contribution Report.

PERFORMER CATEGORY

P - Principal Performer	Pil - Pilot	S9 - Group Singer (9 or more)	DS - Dancer Solo/Duo
E - Background Performer	SS - Singer Solo/Duo	CHR - Choreographers	D9 - Group Dancer (9 or more)
HM - Hand Model	SC - Singer Contractor	D3 - Group Dancer (3 to 5)	MSC - Multiple-Service Contract
ST - Stunt Performer	S3 - Group Singer (3 to 5)	D6 - Group Dancer (6 to 8)	
Pup - Puppeteer	S6 - Group Singer (6 to 8)	D9 - Group Dancer (9 or more)	

Special Rate Codes

S= Supplemental	H - Home Video	N = New Media
L = Side Letter	I = Internet	O = Other