

SCREEN ACTORS GUILD – PRODUCERS PENSION & HEALTH PLANS

PERFORMER INFORMATION FORM

ADDRESS CHANGE ONLY. If you are filing a change of address only, check this box and complete all of **Section 1**, and date and sign the form in **Section 5**. We will use your previously filed forms for all other information. See back for Required Documentation.

Please print all information. Instructions are on the reverse side.

1. PERFORMER INFORMATION:

Mailing Address _____
Number and Street

SSN/HCID: _____

Professional Name _____
Last First Middle

City State ZIP code

Legal Name _____
(if different from above) Last First Middle

Telephone: Home: (____) _____

Date of Birth: ____/____/____
Month Day Year

Cell: (____) _____

Gender: Male Female

e-mail: _____

2. MARITAL STATUS INFORMATION: Single Married

Date of Marriage: ____/____/____
Month Day Year

Name of Spouse: _____
Last First Middle

Spouse's Gender: Male Female

Spouse's Date of Birth: ____/____/____ Is spouse a member of SAG? Yes No

Spouse's SSN: _____

3. DEPENDENT CHILDREN: Provide information only for unmarried children under age 23.

First & Last Name	Date of Birth Mo./Day/Year	Gender (M/F)	Social Security No.	Indicate if you are the natural, step, adoptive or foster parent or legal guardian

4. BENEFICIARY DESIGNATION: Benefits from both the Pension and Health Plan will be paid to the beneficiaries listed except as noted on the reverse side of this form under "Special Pension Plan Rules".

Primary Beneficiary(ies)

Name _____ Relationship _____ Share of Benefit _____ %

Address _____ Phone number _____

Name _____ Relationship _____ Share of Benefit _____ %

Address _____ Phone number _____ TOTAL: 100 %

Secondary Beneficiary(ies)

Name _____ Relationship _____ Share of Benefit _____ %

Address _____ Phone number _____

Name _____ Relationship _____ Share of Benefit _____ %

Address _____ Phone number _____ TOTAL: 100 %

5. SIGNATURE: This is a confidential legal document and must only be signed by the Plan Performer. **If the Performer is a minor, this document must be signed by the parent or legal guardian.**

Mother
 Father

Date: _____ Signature of Performer or Legal Guardian: _____

PERFORMER INFORMATION FORM INSTRUCTIONS

Please read and follow these instructions carefully. The information you are providing is needed to comply with Federal law. This form is a confidential legal document. Mail the completed form to:

Screen Actors Guild - Producers Health Plan • P.O. Box 7830, Burbank, CA 91510-7830
Burbank Plan Office: (818) 954-9400 • From outside the Los Angeles area: (800) 777-4013

Address Change Only: Check this box if the only change you are making to your personal information is a change of address. You cannot use this if you have not previously sent a Master Data Card or Performer Information Form to the Plan Office.

Documentation for Dependents: The Health Plan requires the following documentation for each of the dependents you list on this form. Unless you have previously done so, please send the required documents along with this completed form:

- **Spouse** – Copy of the recorded Marriage Certificate
- **Child** – Copy of the recorded Birth Certificate, adoption or guardianship papers
Exception: We will accept a copy of the Birth Certificate from the hospital to add your natural child who is younger than one year of age for a period not to exceed 120 days while you obtain a recorded copy.
- **Domestic Partner** – Please contact the Plan Office for instructions. Do not use this form.

If you are dropping a dependent from your coverage due to divorce or death, we will require a copy of the recorded final divorce decree or a certified copy of the death certificate.

Beneficiary Designation Instructions: You must list at least one primary and one secondary beneficiary. You may list more than one of each if you wish. You cannot list yourself as a beneficiary. Be sure to indicate the share to be paid to each beneficiary.

Benefits will not be paid to any secondary beneficiary unless all primary beneficiaries have died. For example, if you name two primary beneficiaries and one of them dies before you do, the surviving primary beneficiary will receive all of the benefits upon your death even if you name one or more secondary beneficiaries.

BENEFICIARY DESIGNATION SECTION

Primary Beneficiary(ies)

Name <u>Mary Smith</u>	Relationship <u>Mother</u>	Share of Benefit <u>100</u> %
Address <u>12345 Any Street, Any Town, State, Zip code</u>	Phone number _____	
Name _____	Relationship _____	Share of Benefit _____ %
Address _____	Phone number _____	TOTAL: 100 %

Secondary Beneficiary(ies)

Name <u>Nancy White</u>	Relationship <u>Friend</u>	Share of Benefit <u>50</u> %
Address <u>12345 Any Street, Any Town, State, Zip code</u>	Phone number _____	
Name <u>James Smith</u>	Relationship <u>Brother</u>	Share of Benefit <u>50</u> %
Address <u>12345 Any Street, Any Town, State, Zip code</u>	Phone number _____	TOTAL: 100 %

Special Pension Plan Rules: The beneficiaries you list on this form may not be entitled to benefits from the Pension Plan, as follows:

- A separate beneficiary designation must be made for Pension Plan benefits which may be payable if you die after retirement. That designation is made when you apply for your pension.
- Your surviving spouse will automatically receive the Husband-and-Wife Pension if you die before retirement at a time when you are vested and have been married for at least 12 months, even if he or she is not listed on this form as your designated beneficiary.