

SCREEN ACTORS GUILD-PRODUCERS PENSION & HEALTH PLANS

PERFORMER INFORMATION FORM

The Performer Information Form (PIF), is used to collect basic information which helps us to notify you in the event you qualify for benefits. For additional information regarding qualification requirements for the Pension or Health Plan, please visit www.sagph.org.

Please print and complete the following:

SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Please check a box below to indicate which name you prefer us to use when sending correspondence.		
<input type="checkbox"/> PROFESSIONAL NAME		
<small>FIRST NAME</small>	<small>LAST NAME</small>	<small>MIDDLE NAME</small>
<input type="checkbox"/> LEGAL NAME		
<small>FIRST NAME</small>	<small>LAST NAME</small>	<small>MIDDLE NAME</small>

MAILING ADDRESS LINE 1		
MAILING ADDRESS LINE 2		
CITY	STATE	ZIP CODE
HOME TELEPHONE	CELL TELEPHONE	
EMAIL ADDRESS	ALTERNATE EMAIL ADDRESS	

This is a confidential legal document and must be signed by the Plan Performer before it can be accepted as a valid record. If the Performer is a minor, this document must be signed by the parent or legal guardian.

_____ SIGNATURE	_____ DATE
_____ RELATION TO PERFORMER (IF PERFORMER IS A MINOR)	

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