

**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)	<input type="checkbox"/> OTHER (Specify in comments) <input type="checkbox"/> Check here if Spanish Language <input type="checkbox"/>

PROGRAM <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> With NY <input type="checkbox"/> Class C U <input type="checkbox"/> INTERNET <input type="checkbox"/> Made-For S <input type="checkbox"/> NEW MEDIA <input type="checkbox"/> Made-For	DEALER <input type="checkbox"/> Type A <input type="checkbox"/> With NY <input type="checkbox"/> Type B <input type="checkbox"/> With NY I <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"/> 8-Week <input type="checkbox"/> 1-Year <input type="checkbox"/> Move-Over <input type="checkbox"/> 8-Week <input type="checkbox"/> 1-Year	CABLE <input type="checkbox"/> Made for <input type="checkbox"/> Fm Broadcast Cable Maximum (178 Units) If less, enter Total Cable 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 Theatrical/Industrial Exhibition Other (Specify in Comments)	SPANISH LANGUAGE <input type="checkbox"/> Program <input type="checkbox"/> Spot Total Spot Units: South-/Central-Amer./Mexico Caribbean/Puerto Rico	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>NEW YORK</td><td>Detroit</td><td>Norfolk</td><td>Seattle/Tacoma</td></tr> <tr><td>LOS ANGELES</td><td>Grand Rapids</td><td>Orlando</td><td>Tampa</td></tr> <tr><td>CHICAGO</td><td>Greenville</td><td>Philadelphia</td><td>Washington DC</td></tr> <tr><td>Atlanta</td><td>Harrisburg</td><td>Phoenix</td><td>W. 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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

Column 3 needs to be filled with MSC Category Code

Column (10) needs to be checked for MSC contracts

Comments														
(1)	(2)			(3)	(4)		(5)			(6)	(7)	(8)	(9)	(10)
Social Security Account Number	Performer's Name			Perf. Categ	Camera		If Session Report, Indicate			Birthdate, if under age 4	If upgrade, show amount already paid for cycle	Gross Payment	Check if Multi Service Contract	
XXX-XX-XXXX	Last	First	Initial	MSC	On	Off	No. of Comms	Date(s) Worked				\$50,000	X	

**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.