

Directors Guild of America—Producer Pension and Health Plans Contributions Report Form: Vacation Pay (do not use for Regular Earnings)
 For projects produced on or after December 1, 2013 under the Commercial Agreement (do not use for projects produced under other agreements)



Employer Information

Report Information

Employer Name	Contact Person
Address	Phone Number

Total Contributions Reported (Note 1) \$0.00	Liquidated Damages/Interest (Note 2)
Check Number	Date Report Prepared

Employee Information				Project Information				Salary	Contributions
Last Name	First Name	Cat Code	Social Security Number (Note 3)	Project or Commercial Name	Work Period Begin Date	Work Period End Date	# of Work Days	Paid or Accrued	Employer Health 10.5%
TOTALS								\$	\$

Please make checks payable to **DGA—PRODUCER PENSION & HEALTH PLANS, INC.** and mail to:

DGA—Producer Pension and Health Plans
5055 Wilshire Blvd Ste 600
Los Angeles CA 90036
Attn: Contributions Department

If you have any questions regarding this form you can contact us at (323) 866-2200, ext. 567 or toll-free at (877) 866-2200, ext. 567. Our fax number is (323) 653-2375.
 Additional copies of this form are available online at www.dgaplans.org/producers.

List of Valid Category Codes

- 1st AD/Principal: 1P
- 2nd AD/Principal: 2P
- All Other Directors: DR
- 1st AD (Staff): 1S
- 1st AD (Freelance): 1A
- 2nd AD (Staff): 2S
- 2nd AD (Freelance): 2A
- Unit Production Manager: UP

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) A Social Security number is required. Federal ID numbers are not acceptable.

For Administrative Use

Producer Number
Reference Number
Entry Date
Prepared By

