

Commercial Agreement: Regular Earnings Contributions Report Form

(Use separate form for Vacation Pay)



Employer Information

Employer Name	Contact Person
Address	Phone Number/Email
Choose One: <input type="checkbox"/> AICP <input type="checkbox"/> Non-AICP	

Report Information

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

Employee Information				Project Information					Salary	Contributions to be Sent by Employer						
Last Name	First Name	Cat Code	Social Security Number (3)	Project or Commercial Name	EIDR Project #, EIDR Episode #, EIDR Seires #	Work Period Begin Date	Work Period End Date	# of Shoot Days (4)	Paid/ Presumed (5)	Employee Pension 2.5%	Employer Pension	Employer Pension Rate (6)	Qual. List Div. Fund 0.5% (7)	L N O (8)	CIAF (9)	Employer Health
												%				
												%				
												%				
												%				
												%				
												%				
												%				
TOTALS									\$	\$	\$		\$		\$	\$

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

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

If remitting payment electronically, please email this report to: contributions@dgaplans.org
 Additional copies of this form are available online at www.dgaplans.org/producers.
 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.

Notes

- Employer contributions are to be made on a monthly basis, no later than the last day of each month for compensation earned during the preceding month.
- The greater of liquidated damages or interest penalty will be charged for late contributions.
- A Social Security number is required. Federal ID numbers are not acceptable.
- For AICP companies, provide number of shoot days for all non-Principal Directors.
- For non-AICP companies, refer to Article 3-104 of the National Commercial Agreement. For AICP companies, refer to the AICP Sideletter as modified by the 2023 MOA.
- Employer Pension rate is 8.5% effective 1/3/22, 8.0% effective 1/1/21 to 1/2/22 and 7.0% effective 12/1/19 to 12/31/20.**
- Contribution of **0.5%** is broken down as follows: 0.25% to Qualification List and 0.25% to Diversity Program is effective 1/25/24 and .4% for work performed 11/29/15 to 1/24/24.
- When reporting Contract Qual./Div. Fund contributions, indicate the area ("L" for Los Angeles, "N" for New York or "O" for Other Area).
- Commercial Industry Administrative Fund is 0.40% for work performed on or after 1/25/24 and 0.35% for work performed prior to 1/25/24.**
- Health rate is 11% effective 12/1/24** (effective 10.5% for work performed effective 12/1/13 to 11/30/24)

DR – Director	UP – Unit Production Manager
DP – Principal Director	PU – Principal UPM
1A – 1 st Assistant Director	12 – 1 st AD/2 nd AD
1P – Principal 1 st Asst. Director	2L – 2 nd 2 nd AD/Location Manager
1S – Staff 1 st Assistant Director	3A – 2 nd 2 nd Assistant Director
2A – 2 nd Assistant Director	4A – Additional 2 nd Assistant Director
2P – Principal 2 nd Asst. Director	U1 – UPM/1 st Assistant Director
2S – Staff 2 nd Assistant Director	