



DATE: \_\_\_\_\_

Motion Picture Industry Pension and Health Plans  
Attention: Employer Contracts  
11365 Ventura Boulevard  
Studio City, CA 91604  
Email: employercontracts@mpiphp.org

**RE: PRODUCTION TITLE IDENTIFICATION NOTICE TO THE PLANS – PAYROLL COMPANIES**

This is to advise you of the following production titles for which hourly contributions are due:

Production Company: \_\_\_\_\_

Producer: \_\_\_\_\_

Production Title: \_\_\_\_\_

Nature of Production: \_\_\_\_\_

Pre-production Dates: \_\_\_\_\_

Production Dates: \_\_\_\_\_

Post-production Dates: \_\_\_\_\_

Location: \_\_\_\_\_

Payroll Company is: Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

Any questions or inquires regarding the above should be directed to:

Name: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Payroll Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_