MOTION PICTURE INDUSTRY
PENSION & HEALTH PLANS

Participant Detail Report of Contributions to the Motion Picture Industry Pension and Health Plans

BE SURE TO PROVIDE SOCIAL SECURITY NUMBER AND UNION CODE

ALL INFORMATION MUST BE LEGIBLE

Hours are to be indicated in decimals to one place only, i.e. 00.0

RATE GROUP 05

Page: _____

EMPLOYER: _____ **EMPLOYER NO.:** _____

ADDRESS: _____

CLIENT CO.: _____ **EMPLOYER NO.:** _____

PRODUCTION TITLE: _____ **PRODUCTION NO.:** _____

NO. WEEKS: _____ **PERIOD FROM:** _____ **TO:** _____

SOCIAL SECURITY NO.			NAME OF PARTICIPANT (Last Name, First Name)	Occ. Code	Scale *	Schedule	HOURS	IAP % Contrib.

* **S** = **S**tudio
D = **D**istant Location
I = **I**ndependents (Local 776)

M = **M**ajor Studios (Local 776)
L = **L**ab (Locals 683, 695C, 695P)
O = **O**ther Provisions (Local 871) Other Than Labs (Locals 683, 695C, 695P)

TOTAL

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