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

Rate Group 07

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

Page: _____

Employer: Employer No:

Address:

No. Weeks: Period From: To:

SOCIAL SECURITY NO.			NAME OF PARTICIPANT (Last Name, First Name)	Union	Code	H.&W. and P.P. HOURS	IAP% Contribution
					TOTAL		

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