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 30

Page _____

EMPLOYER: _____ EMPLOYER NO.: _____

ADDRESS: _____

PRODUCTION TITLE: _____ PRODUCTION NO: _____

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

SOCIAL SECURITY NO.			NAME OF PARTICIPANT (Last Name, First Name)	UNION	CODE	Hours ACTIVE HEALTH ONLY
				TOTAL		

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