



Plan office use only:	
Emp # _____	Report # _____
TID# _____	Batch # _____

## REPORT OF CONTRIBUTIONS

### Rate Group 30 Active Health Only

(A) Employer: \_\_\_\_\_ Employer #: \_\_\_\_\_

(B) Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Check box if address changed:

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

(C) # Weeks: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

(D) Client Co.: \_\_\_\_\_ Client #: \_\_\_\_\_

(E) Prod. Title: \_\_\_\_\_ Prod. ID # \_\_\_\_\_

IF YOU HAVE NO COVERED EMPLOYEES FOR THIS PERIOD, CHECK THIS BOX

See reverse side for additional information

#### ACTIVE HEALTH CONTRIBUTION RATE (Effective August 02, 2009):

Active Medical: \$1.8080 \_\_\_\_\_

Active Dental: \$0.1870 \_\_\_\_\_

Active Vision: \$0.0500 \_\_\_\_\_

**TOTAL HOURS:** \_\_\_\_\_ @ \$2.0450 \$ \_\_\_\_\_

**TOTAL AMOUNT DUE:** \$ \_\_\_\_\_

Less amount previously remitted: \$ ( \_\_\_\_\_ )

**TOTAL AMOUNT DUE WITH THIS REPORT:** \$ \_\_\_\_\_

**Note: Please submit ONE contribution check.  
 Make check payable to: M.P.I.P.H.P.**

Date: \_\_\_\_\_ Signed by: \_\_\_\_\_ Title: \_\_\_\_\_

**HEALTH-ONLY CONTRIBUTIONS**

The contribution rates on the face of this form, **RATE GROUP 30**, apply to employees working under an agreement requiring Health ONLY contributions. In *general* those groups are:

**Non-Affiliated Employees not participating in the Motion Picture Industry Pension Plan.**

**THESE RATES DO NOT APPLY TO ANY OTHER PARTICIPATING UNION OR UNAFFILIATED GROUPS.**

Please contact the Plan office for information regarding rates governing other participating unions/groups.

Your reports must be continuous and must cover all weeks of the year for which you have an open agreement. If any period of inactivity is anticipated, you must notify the Plans so that your status may be changed to "inactive". Failure to so notify the Plans may result in delinquent status. EMPLOYEE-SHAREHOLDERS MUST DOCUMENT ALLOWABLE PERIODS OF INACTIVITY.

**PLEASE BE ADVISED THAT PURSUANT TO THE TRUST AGREEMENT, CONTRIBUTIONS ARE DUE ON A WEEKLY BASIS AND SHALL BE DEEMED DUE WITHIN 5 DAYS OF THE CLOSE OF EACH PAYROLL WEEK, AND WILL BECOME DELINQUENT 5 DAYS THEREAFTER.**

FAILURE TO SUBMIT THE REQUIRED CONTRIBUTIONS WILL RESULT IN INTEREST AND LIQUIDATED DAMAGES ASSESSED FROM THE DATE WHEN CONTRIBUTIONS WERE DUE TO THE DATE CONTRIBUTIONS WERE RECEIVED, IN ADDITION TO APPLICABLE LATE PROCESSING FEES.

**PLEASE NOTE: CUT-OFF DATES MUST BE ADHERED TO, AS ELIGIBILITY FOR YOUR EMPLOYEES IS DETERMINED BY THESE DATES. REPORTS WHICH OVERLAP THESE CUT-OFF DATES CANNOT BE ACCEPTED.**

**Cut-Off Dates**

2008 Qualifying Months		2009 Qualifying Months		2010 Qualifying Months		2011 Qualifying Months		2012 Qualifying Months	
12/23/2007	1/26/2008	12/21/2008	1/24/2009	12/27/2009	1/23/2010	12/26/2010	1/22/2011	12/25/2011	1/21/2012
1/27/2008	2/23/2008	1/25/2009	2/21/2009	1/24/2010	2/20/2010	1/23/2011	2/19/2011	1/22/2012	2/18/2012
2/24/2008	3/22/2008	2/22/2009	3/21/2009	2/21/2010	3/20/2010	2/20/2011	3/26/2011	2/19/2012	3/24/2012
3/23/2008	4/19/2008	3/22/2009	4/25/2009	3/21/2010	4/24/2010	3/27/2011	4/23/2011	3/25/2012	4/21/2012
4/20/2008	5/24/2008	4/26/2009	5/23/2009	4/25/2010	5/22/2010	4/24/2011	5/21/2011	4/22/2012	5/26/2012
5/25/2008	6/21/2008	5/24/2009	6/20/2009	5/23/2010	6/19/2010	5/22/2011	6/25/2011	5/27/2012	6/23/2012
6/22/2008	7/26/2008	6/21/2009	7/25/2009	6/20/2010	7/24/2010	6/26/2011	7/23/2011	6/24/2012	7/21/2012
7/27/2008	8/23/2008	7/26/2009	8/22/2009	7/25/2010	8/21/2010	7/24/2011	8/20/2011	7/22/2012	8/25/2012
8/24/2008	9/20/2008	8/23/2009	9/19/2009	8/22/2010	9/25/2010	8/21/2011	9/24/2011	8/26/2012	9/22/2012
9/21/2008	10/25/2008	9/20/2009	10/24/2009	9/26/2010	10/23/2010	9/25/2011	10/22/2011	9/23/2012	10/20/2012
10/26/2008	11/22/2008	10/25/2009	11/21/2009	10/24/2010	11/20/2010	10/23/2011	11/19/2011	10/21/2012	11/24/2012
11/23/2008	12/20/2008	11/22/2009	12/26/2009	11/21/2010	12/25/2010	11/20/2011	12/24/2011	11/25/2012	12/22/2012