



DATE: OCTOBER 30, 2009

TO: ALL EMPLOYERS¹ SIGNATORY TO AN EAST COAST AGREEMENT

**CHANGE IN EAST COAST CONTRIBUTION RATE
EFFECTIVE JANUARY 25, 2009**

Currently, contributions on behalf of certain Local 600 camerapersons, Local 700 editors, Local 52 studio mechanics and Local 161 script supervisors and production office coordinators, as defined in the Trusts (see attached definitions) are due at the composite rate of \$9.3891 per hour, in addition to the applicable Individual Account Plan percentage contributions. (For details, please consult your Collective Bargaining Agreement.)

Pursuant to the terms of the Trusts, the Directors of the Plans have reviewed the above-referenced contribution rate and, based on an actuarial evaluation, have determined that the contribution rate on behalf of the above-referenced individuals shall be increased to **\$10.087** per hour (plus Individual Account Plan percentage contributions as noted previously), effective **January 25, 2009**.

For your convenience, a revised Rate Group 07 Contribution Form is attached for use in reporting hours worked on or after **January 25, 2009**. Please **do not** submit the **new** Rate Group 07 reports for hours that were worked prior to, or that overlap, January 25, 2009.

For a detailed description of East Coast Employees subject to this rate, please consult the attached definition. If you have any questions, please contact the Employer Contracts Department at extension 478, or email us at employercontracts@mpiphp.org.

**EMPLOYER CONTRACTS DEPARTMENT
MOTION PICTURE INDUSTRY PENSION AND HEALTH PLANS**

cc: Local 600, East & Central Region
 Local 700, East
 Local 52
 Local 161
 IATSE
 AMPTP
 AICP

¹ A different rate applies to Employers who have made Supplemental Markets payments in excess of \$15,000,000 over a three consecutive year period; this notice does not apply to such Employers.

EAST COAST EMPLOYEES SUBJECT TO THE EAST COAST RATE

1. Local 52 Studio Mechanics

- a. Employees hired by the Employer in New York or New Jersey (1) to perform services in such areas in the Industry in connection with motion picture (including theatrical, television, music video and commercial) productions or (2) to perform temporary services outside of such areas in connection with such motion picture production, and
- b. Employed as a studio mechanic working under an Agreement between an Employer and Local 52.

2. Local 161 Script Supervisors and Production Office Coordinators

- a. Employees hired and working in New York, New Jersey or Connecticut to perform services in such areas, or
- b. Employees hired in New York, New Jersey or Connecticut to perform temporary services outside of such areas, and
- c. Employed as a script supervisor, production office coordinator, assistant production office coordinator, production accountant, assistant production accountant or payroll accountant under an Agreement between an Employer and Local 161.

3. Local 600 Cinematographers & Local 700 Editors

- a. Employees hired in and working in one of the 37 Eastern United States, and
- b. Employed as (1) a cameraperson working under an Agreement between an Employer and the IATSE or Local 600 or (2) an editorial or post-production sound employee working under an Agreement between an Employer and the IATSE or Local 700.



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

EAST COAST REPORT OF CONTRIBUTIONS RATE GROUP 07 – INCLUDES IAP%

(A) Employer: _____ Employer #: _____

(B) Address: _____

 _____ Check box if address changed:

Phones: _____ 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

PENSION /HEALTH CONTRIBUTION RATE: (Effective January 25, 2009)

TOTAL HOURS: _____ @ \$10.087 \$ _____

INDIVIDUAL ACCOUNT PLAN PERCENTAGE CONTRIBUTION

IAP Contribution based on applicable wage scale. \$ _____
Please consult your Collective Bargaining Agreement for percentage.

TOTAL AMOUNT DUE: \$ _____

Less amount previously remitted: \$ (_____)

TOTAL AMOUNT DUE WITH THIS REPORT: / \$ _____

Make check payable to: MPIPHP
 11365 Ventura Boulevard, Studio City, California 91604-3148
Mailing Address: P.O. Box 1999, Studio City, California 91614-0999

Date: _____ Completed by: _____ Title: _____
 style="text-align: center;">Please Print