

## Entertainment Industry Benefit Plans Standard Benefits "Side-Letter"

The purpose of this agreement is to:

- allow members working in covered employment in the jurisdiction of a local union that does not participate in the Entertainment Industry Flex Plan and/or Entertainment Industry 401(k) Plan
- allow members working in covered employment in the jurisdiction of a local union who participates in the Entertainment Industry Flex Plan and/or Entertainment Industry 401(k) Plan whose local union has not entered into a collective bargaining agreement with the "Employer" named below

to have their benefit payments sent to the Entertainment Industry Benefit Plans. This agreement must apply to all members of the "Participating Local Union" shown below; benefit direction to the Entertainment Industry Benefit Plans may not be done on an individual basis.

This agreement is for the named "Employer" on the named Production. The purpose of this agreement is solely to provide Health & Retirement benefits and is non-precedent setting and unless otherwise provided, shall become effective as of the date shown below and shall remain in full force and effect until the named production is completed and all fund contributions have been paid.

Strictly with regard to the named Production as it relates to the Entertainment Industry Benefit Plans, the named Employer hereby agrees to be bound by the Plans and the Trusts. By execution of this document, the parties attest there is an underlying Collective Bargaining Agreement.

The remittance report must contain the following information for all employees: Social Security Number, First and Last Name, Gross Wages, basis for contributions (if not gross wages, eg: number of days or hours, rate and calculation).

The parties agree that the Company shall make a Health Contribution in the amount of:

Rate: \_\_\_\_\_ per  day  hour  percentage of wages

The Health Benefit Payments will be paid directly to:

The Entertainment Industry Flex Plan  
PO Box 60669  
Los Angeles, CA 90060-0669

The parties agree that the Company shall make a Retirement Contribution in the amount of:

Rate: \_\_\_\_\_ per  day  hour  percentage of wages

The Retirement Benefit Payments will be paid directly to:

The Entertainment Industry 401(k) Plan  
PO Box 60669  
Los Angeles, CA 90060-0669

Production Name: \_\_\_\_\_

Effective Date: \_\_\_/\_\_\_/\_\_\_

**AGREED:**

**Local Union who is party to the Collective Bargaining Agreement:**

Local Name: \_\_\_\_\_

Phone No: \_\_\_/\_\_\_ - \_\_\_\_\_ Fax No: \_\_\_/\_\_\_ - \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Print Name: \_\_\_\_\_

**Local Union Participating in the Entertainment Industry Flex Plan and/or 401(k) Plan ("Participating Local Union") who has requested their benefit payments be made to the Entertainment Industry Benefit Plans:**

Local Name: \_\_\_\_\_

Phone No: \_\_\_/\_\_\_ - \_\_\_\_\_ Fax No: \_\_\_/\_\_\_ - \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Print Name: \_\_\_\_\_

**Employer of Record/Signatory Company ("Employer"):**

Name: \_\_\_\_\_

Phone No: \_\_\_/\_\_\_ - \_\_\_\_\_ Fax No: \_\_\_/\_\_\_ - \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Print Name: \_\_\_\_\_

**Entertainment Industry Benefit Plans:**

By: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_