

TO NONAFFILIATE PRODUCTION ACCOUNTANTS

**REJECTION OF PARTICIPATION IN THE
Motion Picture Industry Pension Plan
Motion Picture Industry Individual Account Plan
Motion Picture Industry Health Plan**

Your Employer participates in the Motion Picture Industry Pension Plan and the Motion Picture Industry Individual Account Plan (the "Pension Plans"), and the Motion Picture Industry Health Plan - including the Active Employees Fund and Retired Employees Fund (the "Health Plan"). Your Employer has designated your job as being eligible to participate in the Pension Plans and the Health Plan. Accordingly, unless you affirmatively reject participation, you will automatically participate in the Pension Plans and the Health Plan. If you reject participation, you must reject participation in the Pension Plans and the Health Plan; you may not reject participation in just the Pension Plans and not the Health Plan, or vice versa. No Employee contributions are required to the Pension Plans or the Health Plan. Participation is provided at no cost to you.

If you participate, you may receive significant pension and health benefits under the Plans if you meet the applicable conditions under each of them. Please note that mere participation in these Plans does not mean you are entitled to any benefits under any of them; you still need to meet the applicable conditions under each of them to receive the applicable benefits. In addition, it is possible that if you participate in the Pension Plans and the Health Plan, you will not be permitted to participate in other plans of your Employer. You should discuss this with your Employer.

You have sixty (60) days after becoming eligible to reject participation. The eligibility date is the first day of the covered production or covered season of a television series, or the first date you become a Production Accountant on a covered production or season, whichever is later. To reject participation, please sign and date this form and return it to your employer. (Keep a copy for your own records.) You may reject participation on each new production, or each new season of a television series even though you participated in the Pension Plans and the Health Plan on a prior production or season of a television series. If you reject participation by returning this form, you cannot later participate for that production or season. However, you may participate in future covered productions or covered seasons.

To continue rejection, you must complete a new rejection form with respect to each new production or season.

In the event the enclosed form is not completed and returned to your Employer within sixty (60) days after becoming eligible, you will be deemed to have agreed to participate in the Pension Plans and the Health Plan with respect to that production or season. This agreement to participate cannot be withdrawn for that production or season.

I HAVE READ THE LETTER ABOVE. (If you wish to reject participation, please check below):

I hereby REJECT participation in the MOTION PICTURE INDUSTRY PENSION PLAN, the MOTION PICTURE INDUSTRY INDIVIDUAL ACCOUNT PLAN, and the MOTION PICTURE INDUSTRY HEALTH PLAN for the production or season of the television series entitled:

Employer Name: _____ **Production Title:** _____

Signature: _____ **Date:** _____

Name: (Please Print) _____ **SS#:** _____

**If you reject participation, please return this signed and dated form to your Employer within sixty (60) days.
(Please keep a copy for your own records.)**