

**TO EXECUTIVE PRODUCERS, PRODUCERS AND ASSOCIATE PRODUCERS**

**ELECTION 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, 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. However, unless you affirmatively **elect** participation, you will **not** participate in the Pension Plans and the Health Plan. If you elect participation, you must elect participation in the Pension Plans and the Health Plan; you may not elect 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 elect 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 an Executive Producer, Producer or Associate Producer on a covered production or season, whichever is later. To elect participation, please sign and date this form and return it your Employer. (Keep a copy of your own records.) You may elect participation on each new production, or each new season of television series, even though you did not participate in the Pension Plans and the Health Plan on a prior production, or season of a television series. If you accept participation by returning this form, you cannot later reject participation for that production or season. However, you may reject participation in future covered productions or covered seasons.

***To continue election, you must complete a new election form with respect to each 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 rejected participation in the Pension Plans and the Health Plan with respect to that production or season. This rejection agreement cannot be withdrawn for that production or season.

If you have any questions, please call the Employer Contracts Department of the Plan Office at (818) or (310) 769-0007.

**I HAVE READ THE LETTER ABOVE. I hereby confirm that my employment in connection with this election is not covered under any other motion picture industry plan, nor is it considered covered employment under a pension or health plan maintained separately by this Employer, and understand that, should such employment become covered under any other motion picture industry plan or one maintained separately by this Employer, contributions to the Motion Picture Industry Pension and Health Plans will cease accordingly. In the case of a television series, I understand that while I may not make a separate election to participate for each episode of a production, I shall not participate in the Plans or Health Plan with respect to any episode of that series if such episode is the basis for contributions to another multi-employer motion picture industry pension or health fund. (If you wish to elect participation, please check below:)**

I hereby ELECT 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:

Production Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Social Security #: \_\_\_\_\_

Address (IMPORTANT): \_\_\_\_\_

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

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