

PWGA

Pension & Health Plans

YOUR TRUSTED GUIDE

PARTICIPANT GUIDE

Welcome! We are the Producer-Writers Guild of America Pension Plan and the Writers' Guild-Industry Health Fund, collectively known as the PWGA. We are responsible for managing your benefits including your Health Fund coverage and Pension Plan benefits.

We created this guide to help you navigate the workings of the PWGA and its many departments handling various aspects of your benefits. It is full of very useful information and was created especially for you – our Participants.

Our most frequently asked questions, or FAQ's, can be found in Section #2, covering such topics as qualifying for health fund coverage, submitting a claim for payment, qualifying for a pension, monitoring your earnings, and initiating a collection of delinquent contributions.

There are also several helpful sections dedicated to important topics such as contributions, qualifying for Health Fund coverage, what to do if you are losing your coverage, how the Pension Plan works, and how to apply for your retirement. Since contributions on your covered services are what gets you your benefits – health and pension – we also included sections on what qualifies as reportable earnings, project ceilings, what to do for any delinquencies or missing contributions, and a section on audit & collections.

You also can find all of this information throughout our new and improved website: www.pwga.org. Many of your questions on these topics, and more, can be answered here.

And finally, we have included phone numbers and email addresses to the various PWGA departments that you will be communicating with on a regular basis.

We hope you find this manual useful and helpful.

Welcome!

PWGA

Pension & Health Plans

YOUR TRUSTED GUIDE

*Congratulations on joining the Writers Guild of America, West
and beginning your career in the entertainment industry*

While there is much valuable information to be found throughout this guide, you may not have the time or inclination to wade through everything at once. Here are the most basic things you should know:

The Writers' Guild-Industry Health Fund and the Producer-Writers Guild of America Pension Plan (collectively PWGA) provide pension and health benefits for writers who work under the Minimum Basic Agreement (MBA). In addition to reading through this guide, you also can learn more about your pension and health benefits by going to our website at www.pwga.org.

The PWGA is a separate organization from the WGA, run by a Board of Trustees composed of an equal number of writers and producers who are responsible for the administration of pension and health benefits.

When a writer works under the MBA, in addition to the monies paid to them, the employer makes contributions to the PWGA* (11.25% to the Pension Plan and 12% to the Health Fund). So, if you were paid \$100,000 for a project*, an additional \$23,250 would be contributed by the employer to the PWGA on your behalf.

(*with certain restrictions – see Section 4 for more details)

*Your membership
in the WGA allows
you access to one
of the best pension
and health plans in
the country*

HEALTH PLAN: You qualify for a year (12 consecutive months) of health coverage by earning the equivalent of the minimum price of a one-hour story and teleplay (\$43,862 as of January 1, 2024).

PENSION PLAN: In order to vest in the Pension Plan you must earn a minimum of \$5,000 in a calendar year for five years or more. You can retire as early as 52 (with a reduction in benefits) or after age 65 (with a greater payout for every month you delay).

IMPORTANT THINGS TO KNOW

- We encourage you to call the Fund Office periodically to verify that your employer(s) have reported your earnings correctly and timely.
- You can log on to www.pwga.org and see your earnings, as well as other vital information, and also arrange to get your documents delivered electronically.
- For \$50 per month (payable quarterly) you can add your spouse and eligible dependents to your Fund health coverage.
- The Fund's Extended Coverage Program helps qualified writers maintain health coverage during periods when they are not working.
- There is a one quarter "waiting period" between the quarter a writer satisfies the required minimum and the commencement of coverage.

The pension and health benefits afforded to you as a writer are powerful but complicated resources. In addition to our website (www.pwga.org), you can also call us at (818) 846-1015, or come by (we validate) and we will be happy to answer any questions you might have.

PARTICIPANT GUIDE

SUMMARY

This document sets forth the resources available to you through the PWGA. We hope it will help you understand how to best use the valuable benefits that you have earned.

We understand the importance of pension and health benefits to writers' lives and we are here to be your Trusted Guide.

Any time you have a question or concern, please call us at: (818) 846-1015 and we will be happy to assist you.

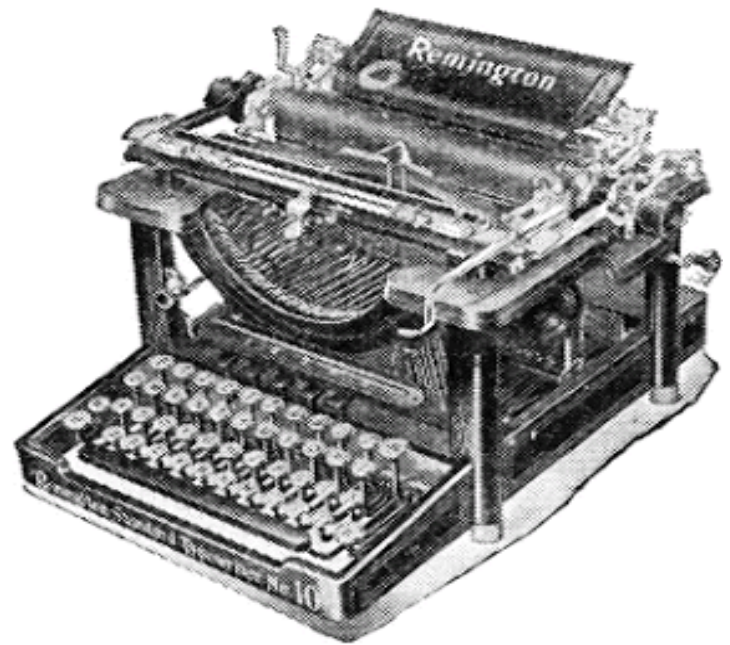


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I. FAQs

WGA vs. PWGA – WHO DOES WHAT

ARE THE WGA AND PWGA RELATED? No, the WGA and PWGA are two separate entities that work in tandem but handle very different responsibilities.

WHO IS THE WGA? The Writers Guild of America, East and Writers Guild of America, West (WGA) are a labor union composed of the thousands of writers who write the content for television shows, movies, news programs, documentaries, animation, Internet and mobile phones (new media) that keep audiences constantly entertained and informed.

WHAT DOES THE WGA DO? The WGA is the union which represents writers in negotiations with film and television producers, and negotiates the terms under which screen, television and new media writers will work. Once a contract is in place (MBA), the WGA enforces it. The WGA is also responsible for determining writing credits for feature films, television and new media; they also monitor, collect and distribute writers' residuals.

WHAT IS THE BENEFIT OF WORKING UNDER THE WGA? One of the WGA's main functions is to enforce the Collective Bargaining Agreements as well as writing services agreements and literary material purchase agreements with signatory companies. Writers on non-Guild projects are too often denied industry-standard benefits such as health insurance, pension contributions, fair compensation and respect. Writers who work under WGA contracts receive these benefits and more.

Signatory companies are companies signed to a WGA MBA. By signing an agreement, the signatory agrees to be bound by the rules of the MBA which includes Article 17, which causes contributions to be made to the Pension Plan and Health Fund.

The Collective Bargaining Agreement also known as the Minimum Basic Agreement (MBA) is the contract between the WGA and the Producers that sets forth the collectively bargained working rules, compensation minimums, credits, and other binding guidelines for your writing services and Pension and Health benefits.

WHAT DOES THE PWGA DO? The Producer-Writers Guild of America Pension Plan and Writers' Guild Industry Health Fund (PWGA) administer your health fund coverage and pension benefits based on contributions received from signatory employers.

WHAT IS THE PWGA RESPONSIBLE FOR? The PWGA processes and manages contributions paid on your behalf by your signatory employer – this is completely separate from your WGA dues.

The earnings from your covered services and the contributions paid on those covered services provide health fund coverage, and pension benefits when you retire. The PWGA has several departments that help you with your benefits: Eligibility Department, Pension Benefits Department, Participant Services & Claims Department, Employer Compliance Department, Contributions Processing, and IT. The various sections in this manual offer much more detail on the working departments of the PWGA and how we can help you.

WGA AND PRODUCER PRINCIPAL TRUSTEES

WHO ARE THE TRUSTEES? The operation and administration of the Pension Plan and Health Fund are the joint responsibility of 18 Principal Trustees. Of these, nine are Trustees appointed by WGA, and nine are Producer Trustees of which three are appointed by the Network Companies, and six are appointed by the Alliance.

WHAT DO THE TRUSTEES DO? The Trustees oversee the effective running of the PWGA. They typically create committees (and sub-committees) to carry out this work, and each committee is comprised of equal numbers of WGA Trustees and Producer Trustees.

WHAT ARE SOME OF THE COMMITTEES? The various Committees include: The Administrative Committee, The Audit & Delinquency Committee, The Benefits Committee, The Communications Committee, and The Finance Committee. From time to time, ad-hoc committees are created when and if the need arises.

CONTRIBUTIONS & EARNINGS

WHAT IS THE WGA MINIMUM BASIC AGREEMENT (MBA)? This is the agreement between the WGA and the Producers that sets forth the collectively bargained working rules,

COMMITTEE STRUCTURE

Administrative: Oversees day-to-day running of the PWGA.

Audit and Delinquency: Oversees and audits contributions.

Benefits: Oversees medical claims and appeals as well as pension appeals. Helps design nature and scope of health coverage benefits.

Communications: Oversees internal and external communications.

Finance: Oversees the PWGA's investments, budget, and overall financial health.

compensation minimums, credits, and other binding guidelines for your writing services and Pension and Health benefits.

WHAT IS A SIGNATORY EMPLOYER? A Signatory Employer is a company signed to a WGA MBA. By signing an agreement, the signatory agrees to be bound by the rules of the MBA which also includes Article 17, making contributions to the Pension Plan and Health Fund.

WHAT EXACTLY ARE CONTRIBUTIONS AND WHERE DO THEY COME FROM?

Contributions are monies paid by the Signatory employer on your covered writing services and paid in addition to your gross compensation. These funds are paid to the Pension Plan and Health Fund. It is the employer's responsibility to remit the payments by the honor system. Should the employer fail to do so, once we are notified of the delinquency, we will bill for any unpaid contributions. The PWGA performs regular audits, and a writer may contact us at any time if they feel a contribution may not have been properly made on their behalf.

By way of example, if a writer earns \$100,000 for covered writing services, the employer pays an additional \$11,250 toward the writer's pension and another \$12,000 toward health.

Contributions are monies paid by the Signatory employer in addition to your gross compensation. These funds are paid to the Pension Plan and Health Fund.

ARE CONTRIBUTIONS PAID ON ALL THE MONEY I EARN AS A WRITER? Not all of your compensation qualifies as reportable earnings. Contributions are paid to the PWGA by your employer based on covered writing services, and are paid up to a project's ceiling.

For more information on covered writing services, see section #4 of this Guide. For more information on ceilings, see section #5.

WHAT EXACTLY ARE COVERED WRITING SERVICES? Covered writing services are the specific writing steps outlined in the MBA for which Pension and Health contributions will be paid and reported. These services can include writing for screenplays, treatments, teleplays, pilots, episodic television, New Media projects, documentaries, low-budget features, news programs, soap operas, and in some cases, purchases of scripts.

For more information on covered writing services, see section #5.

WHAT IF I'M NOT A WGA MEMBER BUT I WORKED FOR A SIGNATORY COMPANY? You do not have to be a WGA member in order for contributions to be paid on your behalf. Contributions should be made if you were employed and paid by a signatory company.

Article 17 is the section of the MBA that describes the pension and health contribution reporting requirements, audits, and establishment of the Audit & Delinquency Committee.

You can find the current minimums at the WGA website:

[Schedule of Minimums](#)

I PAY MY DUES EVERY QUARTER, WHY AM I NOT ELIGIBLE FOR HEALTH COVERAGE? This is one of the most common questions we get asked at the PWGA. Writers' dues are based on their total income as a writer and are paid to the WGA (\$25 a quarter plus 1.5% of the monies paid for covered writing services); dues are not in any way connected to the PWGA.

When you work under a signatory contract, the contributions that your employer pays on these covered writing services (10.5% for Pension and 12% for Health) to the PWGA are what determine your eligibility to receive coverage.

HEALTH FUND COVERAGE

HOW DO I GET MY HEALTH FUND COVERAGE? There is a minimum earnings requirement that all writers must meet in order to qualify for Health Insurance Coverage. You must be hired to write by a signatory employer and earn the minimum qualifying amount within any four consecutive calendar quarters. The threshold amount to qualify for health coverage is based on the current WGA minimum for a one-hour Network program. Effective January 1, 2024 the minimum for eligibility is: \$43,862.

MAY I COVER MY DEPENDENTS? Yes, you may cover all of your eligible dependents (legal spouse, children: natural, step, adopted, foster, guardianship) under your Health Fund insurance. There is a \$150 quarterly Dependent Premium required to cover all of your dependents.

Please visit our [website](#) and look under: Health-SPD-Eligibility enrollment for more information on how to cover your dependents.

HOW DO I MAINTAIN MY HEALTH FUND COVERAGE? Once you become eligible for coverage under the Fund there is a specific four-quarter earnings cycle in which you must again meet the earnings minimum to continue coverage. Please visit the "Health Fund/Benefits and Eligibility" section of our [website](#) to view a chart that explains how to determine your earnings cycle.

You must be hired to write by a signatory employer and earn the minimum qualifying amount within any four consecutive calendar quarters to qualify for health coverage. The threshold amount to qualify is based on the current WGA minimum for a one-hour Network program.

The Consolidate Omnibus Reconciliation Act of 1985 (COBRA) allows for the purchase of health coverage after loss of eligibility due to certain qualifying events.

If you do not meet the earnings minimum and you are not eligible for any coverage extension programs under the Fund, your coverage will end and you will receive an offer to purchase COBRA Continuation Coverage.

IS THERE ANY POINT WHERE I DON'T HAVE TO KEEP WORKING TO HAVE HEATH FUND COVERAGE? Yes. If you are at least 60 years old, and have at least 68 qualified Health Fund Quarters (17 years of Health Fund Coverage), and you then retire from the Pension Plan, you will be considered a Certified Retiree which entitles you to PWGA health Coverage just as if you were working. Once you turn 65, Medicare will become your primary carrier and the Health Fund will be secondary.

There is a TURNING 65 GUIDE available on our [website](#) which details how this program works.

IS THERE A DIFFERENT RATE WITH COBRA COVERAGE FOR ONE PERSON VERSUS A FAMILY UNDER THE HEALTH FUND? Yes. COBRA rates are based on Single, Two-Party and Family (3 or more people) Coverage. There are also several COBRA Plans available. This information can be found in our COBRA packet which would be sent to you approximately 30 days before your coverage ends. You may contact the Eligibility Department to obtain COBRA information.

A significant difference between COBRA coverage and PWGA coverage is how dependents and spouses are treated. The PWGA covers all dependents, including spouses, for \$150 a quarter. COBRA coverage requires different payments, depending on family size.

Many writers who are losing health coverage under the PWGA have found it advantageous to investigate their ACA options through the health care exchanges.

If you reside in California, information is available at: <http://www.coveredca.com>

If you reside in New York, information is available at: <https://nystateofhealth.ny.gov>

If you live elsewhere, go to: www.HealthCare.gov

HOW LONG DOES MY COVERAGE LAST? Your earned coverage lasts for one year. Once you have met the earnings minimum there is one lag quarter after which your coverage commences (see section #4). For example; if you meet the earnings minimum in the 2nd quarter (April to June), the third quarter (July to September) is the “lag quarter”, and your coverage will begin on October 1st and run through September 30th of the following year.

The quarter immediately following the quarter in which the minimum for eligibility has been earned and immediately before the quarter in which coverage begins is called a “lag quarter”.

I'M NOW A SENIOR CITIZEN AND I GET DISCOUNTED RATES AT VARIOUS BUSINESSES. IS THERE SUCH A THING AS A SENIOR RATE FOR HEALTH COVERAGE UNDER THE HEALTH FUND?

There is no senior discount, but once you become a Certified Retiree, and are over 65, the \$150 quarterly dependent premium is no longer required. If you are a Certified Retiree under 65 and you are covering dependents, you must continue to pay the \$150 quarterly dependent premium.

If you retired on or after January 1, 1997, you're considered a Certified Retiree if you are at least 60 years old, retire under the Producer-Writers Guild of America Pension Plan, and have accumulated at least 68 qualified quarters.

I HAVE COVERAGE THROUGH THE HEALTH FUND AND I DO NOT WANT TO ENROLL IN MEDICARE PART B. DO I HAVE TO? Though you are not required to sign up for Medicare Part B after you turn 65, failure to take this action would be very costly as the PWGA would pay health benefits as if you were signed up for Medicare Part B and they were paying their portion of the bill.

If you are 65 or older and you are covered under the Fund as a Certified Retiree, Medicare is your primary carrier, the Fund is secondary. If you fail to enroll in Medicare Part B, the Fund will process your claims as if you had signed up for Medicare Part B, which means your benefits will be reduced by about 80%.

For more information about how Medicare and your Health Fund coverage work together, please refer to our “Turning 65 User Guide” located on our [website](#). If you would like a hard copy of the User Guide, please contact the Eligibility Department and we will send you a Guide right away.

CLAIMS & PARTICIPANT SERVICES

WHAT SERVICES REQUIRE PRE-AUTHORIZATION/PRE-SERVICE REVIEW? Inpatient Services, Home Health Care, Hospice, Skilled Nursing Facilities, Mental Health and Chemical Dependency Inpatient/Outpatient facility (Facility includes: residential, partial hospitalization and intensive outpatient programs) or in the case of Transplants, you must

call Blue Cross/Blue Card's Pre-Authorization or Pre-Service Review Department at (800)-274-7767.

IF I WANT TO VERIFY IF MY CLAIM WAS RECEIVED AND PROCESSED BY THE HEALTH FUND, CONFIRM WHAT MY FINANCIAL RESPONSIBILITY IS FOR THE CLAIM, OR GET A COPY OF MY EXPLANATION OF BENEFITS, IS MY ONLY OPTION TO CALL THE HEALTH FUND? No. You can access the PWGA website at <http://www.pwga.org/> and sign up to see if your claim has been processed, what was applied to your deductible and/or out of pocket, print your own Explanation of Benefits, and also view other pertinent information.

IN-NETWORK PROVIDER

Providers or health care facilities that are part of a health plan's network of providers with which it has negotiated a discount.

WHY IS IT TO MY BENEFIT TO OBTAIN SERVICES FROM AND IN-NETWORK PROVIDER VS. OUT OF NETWORK PROVIDER?

OUT-OF-NETWORK PROVIDER

Providers or health care facilities that have not contracted with your insurance company (PWGA) for reimbursement at a negotiated rate.

When you receive services from an in-network provider you pay less out of pocket, and do not have to pay anything up front, nor do you have to submit the claim(s) for reimbursement. When you receive services from an out of network provider, you have a much higher out of pocket cost, including any amounts over the reasonable and customary rates. In addition, most out of network providers charge you up front for their services, and you are responsible for submitting your claims to the health carrier for reimbursement.

HOW DO I FILE A CLAIM? If you visit a network provider, your provider should accept assignment of benefits. This means that all network doctors (and some non-network doctors) will submit your claim to the Health Fund on your behalf and the Health Fund will reimburse your doctor directly. It is important that you mail your claims to the appropriate address. To obtain the address, call Participant Services or visit: www.pwga.org

WHEN WILL I NEED TO USE A CLAIM FORM TO SUBMIT MY CLAIMS? WHERE ARE THE FORMS LOCATED? If you use a non-network physician, who does not bill on your behalf, you will need to fill out the [Participant Submitted Claim Form](#) and attach the original itemized bill (we recommend keeping a copy for your records) from the provider that includes: the patient's name, identification number as it appears on your ID card, provider information (including name, address and tax identification number), as well as the charge for each service performed, the procedure codes and diagnoses, as well as proof of payment.

I HAVE OTHER COVERAGE WITH ANOTHER CARRIER IN ADDITION TO COVERAGE UNDER THE HEALTH FUND. HOW ARE MY CLAIMS PAID? The Health Fund will coordinate benefits with other plans that are group coverage. The determination of which plan pays first is based on specific Health Fund rules. You cannot elect which plan you want as your primary plan.

I WAS ASKED FOR ACCIDENT INJURY INFORMATION ON A SPECIFIC CLAIM. WHY? If a claim has an accident or injury diagnosis, there may be another plan or entity that should provide benefits. For example, if the injury is the result of an automobile accident, the Health Fund must coordinate with the auto insurance company. If a third party were liable for the accident, the third party would be responsible for paying the bills incurred as a result of the accident. In these accident types of situations, we need information from you to determine how your medical expenses should be paid.

The rules for how Coordination Of Benefits (COB) are managed can be found in the Summary Plan Description (SPD): [SPD SUMMARY](#)

HOW DO I FIND A DOCTOR? You can search on the PWGA website at this page: <https://pwga.org/health/providers/find> or you can call our Participant Services Department at (818) 846-1015 or (800) 227-7863.

The Industry Health Network (TIHN) is a low-cost, high-quality health provider network available only to members of the entertainment industry.

I HAVE THE REGULAR PPO PLAN UNDER THE HEALTH FUND. HOW DOES THE INDUSTRY HEALTH NETWORK WORK FOR ME? In the Southern California area, all industry Participants have the opportunity to use the Industry Health Network at any time. You must contact the Industry Health Network directly to set up an appointment, and all applicable co-payments apply. Motion Picture Health Fund information can be found here: <http://www.mptf.com/healthcare>

WHAT ELSE SHOULD I KNOW ABOUT THE INDUSTRY HEALTH NETWORK? The Industry Health Network (TIHN), is a low cost, high quality medical network, available only to members of the entertainment industry. Recently taken over by UCLA, TIHN is now a powerful and attractive option for our participants because of its high quality and low co-pays. Recently acquired by UCLA, TIHN has a wide-ranging set of resources, including over 200 of the best doctors in America, access to one of the top five hospitals in the nation, and the ability to utilize the entire UCLA Health Network – all at substantial savings to what health fund participants would normally have to pay.

WHAT IS TELEMEDICINE AND DOES THE HEALTH PLAN OFFER IT? LiveHealth Online, Anthem Blue Cross' new service available to Guild members starting October 1, 2016, allows you to video chat with a doctor online for only \$20. The doctor is licensed in

whatever state you are contacting them from, and he/she has the ability to prescribe (subject to some limitations on certain classes of drugs). You just need a phone, tablet or computer equipped with video and an Internet connection.

Telemedicine has been used by Doctors Without Borders and high-end consulting specialists around the world for some time now. It is only recently that health providers realized Telemedicine services might be useful in more widespread circumstances.

I'M GOING TO BACKPACK THROUGH EUROPE FOR FOUR MONTHS. CAN I USE MY HEALTH COVERAGE UNDER THE HEALTH FUND IF I AM OUT OF THE COUNTRY? Yes. You can use your coverage in Europe and beyond! Contact the BlueCard World Service Center for access to medical assistance services and healthcare providers around the world. The phone number is listed under the title "BlueCard Worldwide" on the backside of your Medical ID card, (800) 810-2583 or collect at (804) 673-1177. Services must be rendered by a licensed provider, and Medical necessity guidelines apply. Please contact our Health Fund Participant Services Department for more information, at: (818) 846-1015 or (800) 227-7863.

DO I HAVE LIFE INSURANCE COVERAGE? WHO DO I CALL FOR MORE INFORMATION?

Yes. The fund provides you with a Life Insurance Benefit of \$5,000 when you die from any cause, either on or off the job. You are automatically enrolled in the Life Insurance Plan if you are enrolled in the PPO Plan. The Fund pays the entire cost of coverage under the Life Insurance Plan for eligible Participants only (Earned, Extended Coverage, Excess Earnings, Extension and Certified Retiree Coverage). It is not available if you are enrolled in the Low Option Plan, on Cobra, nor is it available for your dependents. For more information, call Participant Services at: (818) 846-1015 or (800) 227-7863.

You can find more information about your life insurance options [here](#).

IF I DID NOT RECEIVE THE VISION CARE WELCOME KIT, WHO DO I CALL? Contact Davis Vision customer service at (800) 999-5431. Hours of operation are: Monday – Friday 8:00 am to 11:00 pm EST, Saturday 9:00 am to 4:00 pm, and Sunday 12:00 pm to 4:00 pm.

WHERE DO I SUBMIT MY VISION CLAIM FORM(S) AND WHAT IS TIMELY FILING? If you are visiting a Davis Vision Network Provider (in-network), there is no need for a claim form. Just make your appointment, and your provider will verify your eligibility and benefits and handle the rest. The ID card does not need to be presented to the provider to receive benefits.

Claims for non-network vision care must be filed no later than 12-months after the date of service.

You may opt to receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network. If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim form for reimbursement to:

PWGA
2900 W. Alameda Ave.
Suite 1100
Burbank, CA 91505
Attn: Claims Department

HOW DO I OBTAIN VISION CLAIM(S) STATUS FOR MY OUT-OF-NETWORK CLAIM?

Davis Vision will notify you of its decision to pay or deny your claim within a reasonable period of time appropriate to the circumstances, but no later than 30-days after the receipt of a claim. If you wish, you may contact Davis Vision customer service at 800-999-5431. You can also view your claim history through the Davis Vision Member portal.

WHAT ABOUT DENTAL CLAIMS? When you visit a Delta Dental dentist, you do not need to fill out a dental claim form (your dentist will take care of that for you). However, all dental claims for non-Delta Dental dentists should be filed with Delta Dental. Call Delta Dental Customer Service at (800) 765-6003, Group # 0825.

Delta Dental
P.O. Box 997330
Sacramento, CA 95899-7330

I JUST WENT TO THE PHARMACY TO GET A REFILL OF MY MEDICATION AND I WAS TOLD I WAS ONLY ALLOWED 2 REFILLS. HOW AM I SUPPOSED TO GET MY

MEDICINE? The Health Fund prescription plan allows you one initial fill and one refill through your local pharmacy. If you are taking medication long term (e.g., blood pressure or diabetes medication), you must use [Express Scripts mail-order pharmacy](#). Obtaining prescriptions by mail saves you and the Health Fund money.

The Express Scripts Mobile App lets you access and manage your prescriptions while you are on-the-go. You can download the Express Scripts Mobile App for free from your device's app store: iTunes, Google Play, Windows Phone Store and BlackBerry App World.

CAN I SUBMIT MY QUESTION ON-LINE? Yes, you can write to: PMailbox@pwga.org

PENSION

WHEN DO I QUALIFY FOR A PENSION? You must be vested in order to qualify for a pension. You must have five qualified years in order to be vested. A qualified year means you have earned over \$5,000 in a given calendar year. The five Qualified Years do not have to be consecutive.

HOW DO I VEST? You need to vest in order to receive any retirement benefits from this Pension Plan. You will vest in your retirement benefits once you have earned five Qualified Years (excluding years prior to 1998 forfeited due to a Permanent Break in Service). A Qualified Year is a calendar year in which you earn at least 8 Credited Weeks (under current rules, you earn 8 Credited Weeks if you have \$5,000.00 in covered compensation in a calendar year, including the first year).

IS THERE A LIMIT TO HOW MUCH MONEY A COMPANY CAN CONTRIBUTE TO THE PENSION PLAN? Yes. The Internal Revenue Code imposes certain limitations on the annual pension benefits the Pension Plan may pay to a Participant and the compensation used to determine those benefits. The Pension Plan has further limited the amounts of the benefit and compensation. The compensation limit is applied on an "employer-by-employer" basis which means that the limits are applied separately to each Employer (along with its affiliated Employers) for whom the Participant has worked.

HOW DO I APPLY FOR RETIREMENT? To get your pension started by a certain date, your completed Retirement Benefit Application Form and documents must be sent to the Administrative Office so that they are received by the PWGA Administrative Office on or before the deadline. You must submit your completed Retirement Benefit Application packet so that the Administrative Office receives it at least 31 days, but no more than 180 days, prior to your desired Retirement Date. This is required by law. Retirement Dates are always the first of a month. You will be paid on the first of the month for that month starting on your Retirement Date.

The Internal Revenue Code treats commonly controlled entities as single entity for certain (but not all) Pension purposes. In general, common control is defined as 80% ownership.

There are many pension options available to a retiring Participant. We recommend that you make an appointment as soon as possible with the Pension Department so that you can best understand what is available to you so you can knowledgeably determine what best meets your needs. You are welcome to bring a financial advisor with you, should you desire.

WHEN CAN I RETIRE? You can retire at age 52 if you have accrued at least five Qualified Years. There is no minimum age requirement for the Terminal Illness Benefit; however, you cannot elect this benefit if you are eligible to retire. You can find more information about this benefit [here](#).

DO I NEED TO ENROLL TO PARTICIPATE? No, although we strongly suggest you complete a [Designation of Beneficiary Form](#). You automatically became a Participant on the January 1 following when contributions were required to be made on your behalf. Your benefits are based on contributions made on your behalf by your Employer(s).

I AM A MEMBER OF THE WRITERS GUILD AND HAVE PAID MY DUES ON A REGULAR BASIS, AM I ENTITLED TO A PENSION? Pension benefits are unrelated to your WGA dues. Benefits under the Pension Plan are based on contributions made to the Pension Plan by Employers for your work in Covered Employment. Benefits are not based on Guild membership or the payment of dues.

Whenever a writer provides writing services under a covered contract, in addition to the monies the writer receives for their writing services, the employer makes a contribution to the Pension Plan – currently, that amount is 8.5% of what the writer is paid (subject to certain limitations).

MAY I WITHDRAW OR BORROW AGAINST THE CONTRIBUTIONS MADE ON MY BEHALF? You may not borrow against your Pension or withdraw the contributions made on your behalf. Regardless of whether you leave the industry or not, benefits are payable only when you retire (and meet the age and service requirements for a pension) or upon your death.

ARE THERE ANY DEATH BENEFITS? Your Beneficiary may be entitled to a Pre-Retirement Death Benefit if you accumulate at least two Qualified Years, have accumulated at least \$200.00 in Employer Contributions (ignoring Breaks in Service), and you have not retired.

AUDIT & COLLECTIONS

HOW DO I KNOW IF MY COMPENSATION IS REPORTABLE AND WILL COUNT TOWARDS MY COVERAGE? Contributions are paid on covered services. These are specific writing steps outlined in the MBA for which Pension and Health contributions will be paid and reported. These can include screenplays, treatments, teleplays, pilots, episodic television, New Media projects, documentaries, low-budget features, news programs, soap operas, and in some cases, purchases of scripts. For more information on covered writing services, see section #4.

WHAT HAPPENS IF MY EMPLOYER DOES NOT PAY CONTRIBUTIONS ON MY BEHALF?

If your employer does not honor their obligation, you can have our Employer Compliance Department send them a reminder billing. You will need to forward to the Employer Compliance Department a copy of your contract and evidence of payment for your services.

CAN'T YOU JUST CALL THE COMPANY? WHY DO I NEED TO SEND YOU MY CONTRACT AND CHECK STUBS?

We need this information in order to determine if the compensation you were paid is covered and we need to put our demand for payment in writing. When contributions are delinquent we are required by law to collect interest.

WHAT IF MY EMPLOYER IS LATE IN MAKING MY CONTRIBUTION PAYMENTS?

If contributions are late, the Pension Plan and Health Fund will charge interest on top of the outstanding contributions. Federal law [ERISA Section 515] requires that contributions must be made in accordance with the terms of the Plan, and that [ERISA Section 502(g)(2)] provides for mandatory interest on unpaid contributions at the rate established by the Plan.

HOW DO I KNOW WHAT IS BEING REPORTED ON MY BEHALF?

The Plans sends out two yearly Pension statements as well as a Health Fund Summary to all its participants. We ask that you review the statements carefully and notify us of any discrepancies. You are also welcome to call the Plans and speak with Employer Compliance to see if contributions have been paid on your behalf. In addition, you can view all contributions on the PWGA's [website](#).

WHAT IF I DISCOVER A DISCREPANCY ON MY STATEMENT OR EARNINGS THAT THE COMPANY HAS NOT REPORTED?

You can call the PWGA to discuss the matter with Employer Compliance (818-846-1015). We can help determine if there is a discrepancy. We will need more information in order to determine this: copies of your contracts (in order to determine covered services), and copies of payment stubs as evidence you were paid for covered services. For discrepancies regarding your residuals, we will need the pertinent contracts in order to calculate the project ceiling.

Your Pension statements are available online at: www.pwga.org. This is a great way to keep track of contributions.

SO I HAVE TO BE PAID FIRST IN ORDER TO GET CONTRIBUTIONS PAID ON MY BEHALF?

Yes. You must be paid for your services before contributions can be paid to the PWGA. While the PWGA can enforce contribution(s) related issues, if you are due compensation and have not been paid, you may want to contact the WGA to help with enforcement of your contract.

ALL THIS SOUNDS A BIT OVERWHELMING! I AM TOO BUSY WRITING TO KEEP TRACK OF THESE THINGS!

Not to worry. Most companies are aware of their obligations and pay their required contributions in an accurate and timely manner. However, there are

those companies that sometimes need a little reminder. And we can remind them if needed. Send a copy of your contract and evidence of payment to Employer Compliance and we will monitor your earnings.

HELP DESK

I FORGOT MY USERNAME AND/OR PASSWORD FOR THE WEBSITE. You can always call our Help Desk at (818) 526-6500 or toll-free at (855) 794-4932 and we can guide you.

I'M HAVING TROUBLE PAYING MY DEPENDENT PREMIUM ONLINE. You can always call our Help Desk at (818) 526-6500 or toll-free at (855) 794-4932 and we can guide you.

WHAT IF I CAN'T REACH ANYONE ON THE PHONE, OR IT'S AFTER HOURS? An enormous amount of information is available on the website: www.pwga.org. In addition, you can leave an email inquiry at: PMailbox@pwga.org and someone will get back to you within 24 hours.

II. ESTABLISHING YOUR RELATIONSHIP WITH THE PWGA

The Producer-WGA Pension Plan and Writers Guild Industry Health Fund, also known as the PWGA, is responsible for administering contributions paid by signatory employers and managing your health coverage and retirement benefits. The PWGA is also known as The Administrative Office, The Pension Plan and Health Fund, The Funds, and The Trusts.

It is important to note that the PWGA is an entirely separate entity from both the WGA East (www.wgaeast.org) and the WGA West (www.wga.org).

The WGA is your Union and is responsible for upholding the Minimum Basic Agreement (MBA). The MBA is the collective bargaining agreement (CBA) that covers most of the work done by WGA writers. The WGA handles your dues, credits, legal arbitration, compensation claims and your residuals.

ESTABLISHING YOUR RELATIONSHIP WITH THE PWGA

The PWGA is here to help you will all the important milestones throughout your career. We are available five days a week – by phone, email and in person. By keeping in touch with us, we will be able to help you:

- Manage your health coverage
- Process your claims
- Make sure the contributions due on your behalf are paid correctly and in the proper time period
- Manage your pension benefits and retirement
- Make sure you get the maximum benefits to which you are entitled to

HEALTH FUND

When you work for a signatory employer, in addition to the monies you receive for your covered writing services, the employer also pays contributions to the Health Fund. Currently, the contribution rate for the Health Fund is 12%.

Health Fund contributions are what get you your health coverage.

You qualify for a year (12 consecutive months) of health coverage by earning the equivalent of the minimum price of a one-hour story and teleplay (\$43,862 as of January 1, 2024) within the span of four quarters. There is also an Extended Coverage Program which helps maintain health coverage during periods when you are not working if you meet specific criteria.

More on how you can qualify for health coverage is detailed in Section #7. In Section #8, you can read more on your options should you become ineligible for coverage.

PENSION PLAN

When you work for a signatory employer, in addition to the monies you receive for your writing services, your employer also pays contributions to the Pension Fund. Currently, the contribution rate for the Pension Fund is 11.25%. Of this 11.25%, 6% goes towards your pension.

In order to vest in the Pension Plan you must earn a minimum of \$5,000 in a calendar year for five years or more. You can retire as early as 52 (with a penalty) or after age 65 (with a greater payout for every month you delay).

In addition, should you die after 2 years of contributions (or more), a death benefit is payable to your estate.

You can learn more about the Pension Plan and how your retirement works in Sections #9 and #10.

DEPARTMENTS

The PWGA has multiple departments with very specific functions that handle the differing logistics of your Pension Plan and Health Fund needs. Here is a brief explanation of the respective departments and their functions:

CONTRIBUTIONS PROCESSING DEPARTMENT – This department, also known as CPD, processes all contribution payments paid to the PWGA by signatory employers signed to a Minimum Basic Agreement. CPD also processes reports and payments paid by payroll companies and made on behalf of signatory employers.

A writer can extend their health coverage at no charge through the Extended Coverage Program. This allows a writer to receive health coverage even when he/she has not had sufficient earnings to qualify for normal coverage. (See [Summary of Benefits](#) for more details).

- Contributions are paid by employers and payroll companies based on covered services mutually agreed upon by the WGA and the Employers in the Collective Bargaining Agreement (MBA).
- Contributions are due ten days after the writer is paid compensation and considered delinquent after 30 days. (For weekly employers, payments are due within 10 business days after the close of the payroll week in which the compensation is earned, paid or due to the Writers. If payment is not received within 30 calendar days after the due date, interest will be charged from the close of the payroll week in which the Writer is paid or due the compensation. For monthly employers, payments are due within 10 business days after the close of the month during which the compensation is earned, paid or due to the Writers. If payment is not received within 10 calendar days after the due date, interest will be charged from the close of the month in which the Writer is paid or due the compensation.)
- Contributions are allocated to the time period in which services were performed, not when they are paid to the PWGA.
- For more on contributions, please see section #3.

ELIGIBILITY DEPARTMENT – This department handles all details regarding your Health Fund eligibility. This includes:

- Health Fund coverage
- Dependent premiums
- Extended points coverage
- Certified Retiree coverage
- Life Events (marriage, divorce, birth of a child, disability)
- COBRA
- Once you have qualified for Health Fund eligibility, you will want to speak to this department to discuss your eligibility details. More in section #7.
- If you are losing your health fund eligibility, you will want to speak to the department to discuss your options. More in section #8.

PARTICIPANT SERVICES/CLAIMS – This department is fully committed to enhancing your knowledge and understanding of all benefits available to you through the Fund, which will enable you to seek quality health care, and to attain and maintain good health. This department covers:

- Help with locating a provider such as doctors, dentists, hospitals.

- Important medical health plan details, including information about what your health coverage covers and what it does not.
- Processing your claims.

PENSION DEPARTMENT – This department can answer all of your pension-related questions. The Pension Plan offers several retirement options. They issue your pension benefits when you retire. Some of the activities available through this department are:

- Processing your monthly pension benefits.
- Processing retirement applications.
- Processing your pension statements.
- Assisting you in understanding your pension benefit choices.

EMPLOYER COMPLIANCE DEPARTMENT – This department, also known as ECD or the Audit Department, makes sure your contributions are being paid and reported correctly. This department handles:

- Billing employers when there is a delinquency.
- Collecting delinquent contributions.
- Adjusting earnings paid into the wrong time period.
- Refunding contributions paid over ceiling or not due.
- Audit of signatory companies to ensure compliance.
- Audit of all writer-owned companies.

III. CONTRIBUTIONS

The Contribution Processing Department is responsible for the daily processing of Pension and Health contribution payments and benefit reports submitted by signatory employers and payroll companies. Contributions are what fund PWGA and pay for your benefits.

Payroll Services and Paying Agents who are reporting on behalf of a signatory employer.

A signatory employer is a company signed to a WGA MBA. By signing an agreement, the signatory agrees to be bound by the rules of the MBA which also includes Article 17, making contributions to the Pension Plan and Health Fund.

CONTRIBUTIONS AND WHERE THEY COME FROM

A distribution agreement is a secondary agreement allowing a company to distribute a product. This company is responsible for making pension and health contributions on the compensation paid to the writer, up to the ceiling as it occurs.

Contributions come only from employers; they are a collectively bargained benefit provided for by the WGA Minimum Basic Agreement (MBA). A Company must be a signatory or signed to a Collective Bargaining Agreement, Assumption Agreement, or Distribution Agreement for the appropriate time period in order to make contributions. Signatory employers are required to make contributions on behalf of all writers they hire to perform covered writing services, whether or not the writer is a member of the WGA.

An assumption agreement is an agreement signed by a company in which it assumes the full contractual obligations of a signatory employer. A company that signs an Assumption Agreement agrees to assume the obligation to remit contributions to the Trusts.

The Signatory Departments of the WGA East and West govern the process of becoming a signatory employer. The departments notify the PWGA whenever a company signs a Collective Bargaining

Agreement. The PWGA then provides the new signatory with a “welcome” packet outlining their responsibilities as a new signatory.

Contributions cannot be accepted from an employer that is not signed to a Collective Bargaining Agreement (CBA) nor a signatory not signed to the appropriate agreement. In addition, all earnings are not covered writing services under the CBA.

Signatory employers are required to remit contributions in a timely manner, without an invoice from the PWGA. Contributions are due not more than ten (10) business days after the close of the month during which the writer is paid or due compensation. Contributions are delinquent if they have not been received within ten (10) calendar days from the "due" date. If the payment is not made by the end of the ten (10) day grace period, interest will be charged.

STUDIO PAYROLL & PAYROLL COMPANIES

Large studios usually remit contributions through their studio payroll and can report and pay contributions on a weekly or monthly basis.

Payroll companies generally report on a monthly basis. Their reports contain contributions for multiple employers, project types and writers. If your employer reports monthly, you can expect that contributions will be remitted on your behalf by the following month. For example: if you were paid for your services in June, your corresponding contributions will be on the studio's June report and received by PWGA in the following month, that is, in July.

Sometimes, there can be missing information or a discrepancy within these reports, which delays processing. The PWGA is in constant communication with the employers and payroll companies in order to obtain any missing information and to make sure the process moves as smoothly as possible.

ROCs – WHAT ARE THESE?

A Report of Contributions, or ROC, (click [here](#) to see an example of the ROC form) is the form that accompanies Pension and Health payments where employers communicate to the PWGA what compensation a writer has earned for their writing services. The ROC contains the following details: writer's name, social security number, contract date, project title, project type (theatrical, TV, pilot, etc.), type of covered writing service, and the earned dates(s) of the compensation. This information is required in order for PWGA to process the contribution payments. If any of this information is missing from the ROC, it can cause a delay in processing.

TIMING & WORK DATES

The work dates for earnings should correspond to the time-period in which the services were earned, paid, or due; whichever occurred first (and per the terms of the writing contract) – not necessarily when the writer is paid for the services.

- It is important that you keep track of when you performed your services, when you commenced your rewrite or delivered your final draft. Sometimes, an employer can misreport earnings. For example, employers may report the compensation, but not the date of services.
- Another example might be if you commence your services on March 1, but are not paid for commencement in March as is required. Your contributions should be on the March payroll report, sent to PWGA the following month, in April. These earnings were earned in March but may be mistakenly reported in April by the employer.
- In order to correct errors such as these, the PWGA requires correcting information from the employer. It is also helpful if you have supporting information to confirm the correct earned dates.

FRONT END AUDITING

The PWGA also contacts new and renewing signatories when we are notified that they have signed up or renewed their signatory status. We help educate them on their obligations to submit Pension and Health contributions and walk them through the correct way to remit payment. This helps to alleviate errors that might otherwise occur down the road.

When Contribution Processing has all of the information needed to process your earnings and apply payments, the process moves smoothly, ensuring that you receive the maximum benefit to which you are entitled.

IV. AUDIT AND COLLECTIONS

The PWGA has active audit programs, each with a specific function to make sure that all employers are in compliance and pay the required contributions so that you receive the maximum benefits you are entitled to.

EMPLOYER COMPLIANCE

PARTICIPANT AUDITS

The Employer Compliance Department handles all your inquiries regarding reportable earnings and possible delinquencies/discrepancies. If you have had the PWGA bill your employer for missing contributions at any given time, Employer Compliance handled your claim and collected the contributions on your behalf.

If you discover a discrepancy or earnings missing from your Pension Statement or Health Fund Statement, or from your on-line PWGA account, Employer Compliance can review the matter and determine if there is a discrepancy. They will require a copy of your contract and evidence of payment for your services. After reviewing your documents, if it is determined that contributions are due on your behalf, they will bill your employer and collect the outstanding amounts due on your behalf.

The Pension Plan sends two statements per year, a semi-annual and an annual statement. In addition, you can opt to receive your pension statements electronically.

Employer Compliance is responsible for:

- **REVIEWING CONTRACTS FOR POSSIBLE DISCREPANCIES**
If you discover a discrepancy or earnings missing from your Pension Statement or Health Fund Statement, or from your on-line PWGA account, Employer Compliance can review the matter and determine if there is a discrepancy.
- **AUDIT BILLINGS TO EMPLOYERS**
We will require a copy of your contract and evidence of payment for your services. After reviewing your documents, if it is determined that contributions are due on your behalf, we will bill your employer.
- **COLLECTION OF DELINQUENT CONTRIBUTIONS AND INTEREST**
We collect delinquent contributions and interest due on your behalf from your signatory employer.

- **WORK RANGE ADJUSTMENTS (QUARTER SWITCHES)**
In the event of a reporting error made by your employer, with correcting information we can adjust your earnings to reflect the correct time-period in which your services were rendered.
- **REFUNDS OF OVER REPORTED CONTRIBUTIONS**
If an employer has misreported on a non-reportable service or over reported on a project that has met the ceiling, we will issue a refund of the overpaid contributions.
- **RESIDUAL AUDITS**
We can determine if your residuals are reportable or if the project or episode has met the ceiling and no additional contributions are due.
- 10% Owner audits**

Non-reportable services are compensation that is not subject to contributions and thus does not count towards benefits.

10% Owners**

Writers cannot make contributions on their own behalf. If you are an owner or member, or an indirect owner/member of the company, or LLC reporting contributions on your behalf, specific criteria must be met in order for the contributions to be accepted and count towards your eligibility. These are the 10% Owner Reporting Rules and are rules of eligibility, rules that determine whether the contributions paid on your behalf by a company owned by you can count towards your eligibility.

The term “indirectly owns...the equity of the contributing employer,” includes (a) equity ownership by the Writer’s spouse or domestic partner, the Writer’s (or spouse’s) parent, sibling or lineal descendant, or (b) funding of the employer by the Writer or the Writer’s spouse or domestic partner, the Writer’s (or spouse’s) parent, sibling or lineal descendant.

The reporting signatory must have unrelated third party financing funding the project. Unrelated means financing from a third party which is not directly or indirectly related to the owner/member of the reporting for-profit signatory (or an officer, board member or director of a not-for-profit reporting signatory) or have interest in the reporting signatory.

In order for the Administrative Office of the Trusts to determine if contributions can be accepted, additional documentation, including but not limited to the following items, will need to be submitted to the PWGA for review:

- PROOF OF UNRELATED OUTSIDE FINANCING
(check copies / wire transfers / bank statements)
- LICENSE AGREEMENT BETWEEN SIGNATORY AND FINANCIER
(license agreement should contain an allocation for the writing services)
- EMPLOYMENT CONTRACT BETWEEN SIGNATORY AND WRITER
- BUDGET
(with allocation for writing services and contributions)
- EVIDENCE OF PAYMENT TO WRITER
(copy of canceled check, wire transfer or bank statement)
- SCRIPTS AND OTHER LITERARY MATERIAL

If you are an owner or member of the reporting signatory, you may want to speak to Employer Compliance to make sure that you are following the 10% Reporting Rules correctly. These rules can be tricky and it is to your benefit to make sure your company complies with the rules.

Please note that if a project is strictly development, earnings may not be reportable. New projects that are created without a license agreement and/or budget may not be reportable. Proof of unrelated third party financing does not guarantee acceptance of the contributions.

EMPLOYER AUDITS

Employer Compliance also bills employers based on findings from audits performed by the PWGA's independent audit firm. This independent audit firm audits all employers signatory to the MBA in three or four year time periods to make sure that the employer is reporting and paying correctly. These audits occur in past time periods and can include one writer or up to fifty or more writers.

You may not be aware that you are part of an employer audit until the audit has been concluded and earnings are collected, adjusted or refunded. Likewise, if you have contributions collected, adjusted or refunded as a result, you will be contacted by the PWGA in writing of the audit's findings and its impact on your earnings.

The Employee Retirement Income Security Act of 1974 (ERISA) is a federal law that sets minimum standards for pension plans.

According to the Employee Retirement Income Security Act of 1974 (ERISA) and the Trust Agreements of the Pension Plan and the Health Fund, The

Directors/Trustees have the fiduciary obligation and the right to audit records of signatory employer-parties to the Trusts in order to determine whether contributions are being paid in compliance with those Agreements and the various Collective Bargaining Agreements.

COLLECTIONS ATTORNEY

In the event that the PWGA has difficulty collecting delinquent contributions, the matter may be referred to our Collections Attorney. The Trusts have retained an attorney to pursue the collection of delinquent contributions, interest, liquidated damages and audit costs.

IMPROPER CONTRIBUTIONS

If an employer contributes on behalf of an individual who did not perform covered writing services, contributes on greater amounts that the individual was paid, or contributes on amounts over the reportable ceiling of a project, it may result in the participant and their dependents gaining eligibility for benefits to which they were not entitled. In such cases, the employer is liable to the Health Fund for the greater of the amount determined periodically by the Trustees as being sufficient to provide benefits for the participant and his or her dependents, or benefits the Health Fund and the Health Fund's insurance carrier paid on behalf of the writer and his or her dependent (in compliance with rescission rules established by the Patient Protection and Affordable Care Act).

MONITORING YOUR EARNINGS

While the PWGA has processes and programs in place to make sure that contributions are processed in a timely manner and delinquent contributions are collected on your behalf, it is extremely important that you do your part to help us with this process.

You are your own best advocate when it comes to your earnings. You know when you are working, when you've been paid and, with the help of this manual, when contributions are due on your behalf for your covered services.

Here are some important and easy ways you can monitor your earnings and contributions:

CHECK YOUR RECORDS

- Go to our website and set up your own personal account by creating a user name and password. www.pwga.org. You will have access 24/7. You can view what has been reported on your behalf and immediate take action if something is missing. You

can also download our app to your smartphone. By doing this you will have access to the most current information 24/7.

- The PWGA sends you Pension Plan statements (two annually) and a Health Fund statement (one annually). Please take a moment to review them very carefully to make sure all of your covered earnings have been reported.
- Call our Employer Compliance Department. They can look up your earnings on your behalf. They can also initiate a billing to your employer on your behalf in the event your contributions are delinquent.
- Reporting signatory companies have a window of a month to report your earnings. Studios, Networks and payroll companies can take up to two months to report your earnings. Please keep this in mind when you get paid.

You can find the Pension Plan Statements and Health Fund Statement online at our website: www.pwga.org

CONSEQUENCES OF INACTION

- We won't know about a discrepancy unless you bring the matter to our attention. There are thousands of writers working on thousands of projects at any given time. We cannot track all of the projects that each and every writer is working on so we rely on you to help us. We provide Health Fund and Pension Statements as well as an interactive website.
- If you are not monitoring your earnings, looking at your statements or your earnings online, you will not be able to tell if something is missing or reported incorrectly. This can result in contributions not being paid by your employer, late contributions resulting in retroactive coverage and even missed coverage. Don't let this happen to you!

GET TO KNOW OUR EMPLOYER COMPLIANCE DEPARTMENT

- If you do discover a discrepancy, please contact the Employer Compliance Department at the PWGA as soon as possible. They

will need a copy of your contract to determine the type of services and if the earnings are reportable as well as evidence of payment for those services in order to bill your employer.

- Better yet, don't wait for a discrepancy. Send a copy of your contract to Employer Compliance as soon as you have one. That way, we know about your employment, we can determine whether your services are reportable and when contributions are due and we can track your earnings.
- You need to be paid before contributions can be made by your employer. Let us know when you have been paid for your covered services. Send copies of your check stubs to the Employer Compliance Department as soon as you are paid. That way, we know that contributions are forthcoming and we can monitor them on your behalf. We can also initiate a bill to your employer should the deadline for payment pass and the contributions become delinquent.
- Keep records of all of your email exchanges regarding your employment. These are date stamped records which will be very useful in case your employer reports your earnings in the wrong time period. A letter from your employer alerting us to their error is also important.

Remember, contributions on your covered services are what get you your health and pension benefits.

V. YOUR EARNINGS – WHAT IS REPORTABLE, WHAT IS NOT

Getting paid as a professional writer is a great feeling. However, not everything you earn will be reportable. It is important to become familiar with what constitutes reportable earnings or compensation that will count towards your health coverage and pension benefits. Here are some of the basics.

Reportable income is income subject to contributions per Article 17.

THEATRICAL MOTION PICTURES

FLAT DEAL EMPLOYMENT

Screenplays, treatments, original treatments, first drafts, final drafts, rewrites and polishes are all considered initial compensation, and are all reportable earnings. These are hired services or work-for-hire employment. (Article 1 – Definitions). So are bonuses and profit participation up to the theatrical motion picture ceiling. Settlements are also reportable. Theatrical projects have ceilings. In other words, contributions are paid up a certain amount after which the employer has fulfilled its signatory obligation.

OPTIONS

An option by itself is not a reportable item. When a signatory options your script and pays you an option fee, that fee is not reportable because no hired services were performed. The signatory is optioning or holding onto your script for a set period of time as they decide whether or not to produce it.

Options are almost always carved out of a purchase price. Language in your contract will indicate this – "...a purchase of \$X, less the option fee...". If a contract has multiple options, the first option often will be carved out of the purchase price while subsequent options will not.

An option becomes reportable *if* it is carved out of a purchase *and* writing services, such as a rewrite or polish have occurred.

- *Company may option literary material from a "professional writer" for a period of up to 18 months upon payment of not less than 10% of minimum. Each renewal period of up to 18 months requires payment of not less than an additional 10% of minimum. (Article 1)*

- A “Professional Writer” means any person who has (1) received employment for a total of 13 weeks as a television, motion picture or radio writer, or (2) has received credit on the screen as a writer for a television or theatrical motion picture, or (3) has received credit for three original stories or one teleplay for a program one-half hour or more in length in the field of live television, or (4) has received credit for three radio scripts for radio programs one-half hour or more in length, or (5) has received credit for one professionally produced play on the legitimate stage or one published novel. (Article 1)

PURCHASES

A purchase by itself is not a reportable item. When a signatory purchases your script and pays you for it, that purchase price is not reportable because no hired services were performed. The studio bought your spec script that you wrote on your own time.

If the same signatory or studio purchases your script and hires you to do a rewrite or polish of your script, the hired services trigger the purchase to become reportable up to the theatrical motion picture ceiling (Article 17). The writing services trigger the reportability of the purchase, and timing is important.

- If your script is purchased before any writing services are performed, it becomes reportable when the hired services occur.
- If the purchase occurs after writing services have commenced, the purchase becomes reportable when the studio buys your script.
- *In connection with the purchase of literary material from a professional writer, if the Company also employs the writer under this Basic Agreement for at least one rewrite or polish (as required in Articles 16.A.3.c and 16.B.3.h, or otherwise), the Company shall contribute to the Health Fund for such rewrite or polish an amount equal to 9%, effective May 2, 2015, of the sum of the purchase price, up to the IRS Code Section 401(a)(17) limit, plus the amount paid for such rewrite or polish, but in no event shall the Company be required to make such contributions on sums in excess of the ceiling set forth in Article 17.B.1.e or this Article 17.C.1. (Article 17)*
- Effective 9/25/23, notwithstanding other provisions of this Basic Agreement in which writing teams are treated as a “single writer” for the purposes of Article 17, each individual in a writing team shall receive contributions up to 100% of the ceiling as if he or she is a sole writer.

THEATRICAL WEEK-TO-WEEK AND TERM EMPLOYMENT

Term of Employment	(5/2/22 – 5/1/23)	(9/25/23 – 5/1/24)	(5/2/24 – 5/1/25)	(5/2/25 – 5/1/26)
Week to Week	\$6,610	\$6,971	\$7,184	\$7,435
14 out of 14 weeks	\$6,135	\$6,442	\$6,667	\$6,900
20 out of 26 weeks	\$5,665	\$5,948	\$6,156	\$6,371
40 out of 52 weeks	\$5,214	\$5,475	\$5,667	\$5,865
NOTE: THEATRICAL RESIDUALS ARE NOT REPORTABLE				

Television

FLAT DEAL EMPLOYMENT

Stories, teleplays, rewrites, polishes, pilot scripts, bibles, formats, plot outlines, narration and treatments (Article 1 – Definitions) are all reportable television compensation up to the appropriate ceiling. So are bonuses, and settlements. Television projects also have ceilings. In other words, contributions are paid up a certain amount after which the employer has fulfilled its signatory obligation.

- Contributions are due and payable on the greater of (i) the aggregate of 2½ times the applicable minimum as set forth in the MBA, or (ii) the initial compensation agreed upon in the individual employment contract. The applicable minimum is the “Other than Network Prime Time” rate for the services being rendered. (See Article 13.B.7. of the MBA). Residuals are reportable up to the ceiling per project.
- Residuals are also reportable up to the appropriate ceiling.
Residuals are compensation paid for the reuse of a credited writer's work. Residuals are only due on WGA-covered projects. Residuals are reportable in the month in

which the program re-airs, default to the month paid if air date unknown or not applicable.

- Salary advances are reportable when they are paid to you.
A salary advance is part of your anticipated future entitlement and is reportable when it is paid to you.
- A mini-series has one ceiling per mini-series, no matter how many segments.
A miniseries (also mini-series) is a television program that tells a story in a predetermined, limited number of episodes.
- Teleplay purchases accompanied by writing services are reportable up to the appropriate ceiling.
A teleplay is a final script with individual scenes, full dialogue or monologue, and camera setups if required.

EFFECTIVE JANUARY 1, 2015 HOLDING FEES DURING OPTION PERIODS

Payments to hold a Writer (or Writer employed in additional capacities) during an option period on an episodic series or serial are reportable.

PILOTS

- The half hour pilot ceiling is \$170,000 per writer regardless of whether the writer is part of a team.
- The one hour pilot ceiling is \$225,000 per writer regardless of whether the writer is part of a team.

WEEK-TO-WEEK AND TERM EMPLOYMENT

STAFF WRITERS

- Staff writers employed on a term basis shall be separately compensated for all formats, stories and teleplays written during the term.

ARTICLE 14.K. – WRITER/PRODUCER, SHOWRUNNER, HYPHENATE

A person employed as a writer and also an executive producer, producer, associate producer or story editor is referred to as a “writer also employed in additional capacities” under Article 14. All formats, stories and teleplays written by such writers during their employment as writers also employed in additional capacities shall be separately compensated.

ARTICLE 14.K. – 20 or more weeks	Weekly Reportable Pension and Health Amount	Pension Plan Rate	Health Fund Rate	Paid Parental Leave
May 2, 2022 – May 1, 2023	\$7,412	11.25%	11.5%	0.50%
June 25, 2023 – May 1, 2024	\$8,524	11.25%	12.5%	0.50%
May 2, 2024 – May 1, 2025	\$8,822	11.25%	12.5%	0.50%
May 2, 2025 - May 1, 2026	\$9,131	10%	12.5%	0.50%

14.K.1.a. Minimum Compensation - Rate Per Week
For Writing Services by Writers Also Employed in Additional Capacities (Other Than Story Editors/Executive Story Editors) Performed In Connection with New Seasons of a Series or Serial or for Multi-Part, Closed-End Series Starting On or After **December 10, 2023** (Other Than Dramatic Children's Programming).

Week-to-week & term employment up to and including 9 weeks = \$11,371
 10 to 19 weeks = \$9,476
 20 weeks or more = \$8,524

- *For the purposes of this Article 14, a person employed as a writer and also as an executive producer, producer, associate producer or story editor is referred to as a “writer also employed in additional capacities.” (Article 14)*

Scripts, program fees, and residuals are also reportable (Article 14).

- *Each person whose employment as a writer is governed by the Article 14, whether such employment is on a week-to-week, term or freelance basis shall be paid a program fee for each program of a series produced for network prime time exhibition for which such writer performed services as a writer pursuant to the Article 14.*
- For a Team of Two employed under Article 14.K, the minimum compensation would be split between the two team members. However, contributions would be reportable on the full WGA minimum for each team member.

ARTICLE 14.K. – STORY EDITOR, CREATIVE CONSULTANT, STORY CONSULTANT

A person employed as a writer and also an executive producer, producer, associate producer or story editor is referred to as a “writer also employed in additional capacities” under Article 14. All formats, stories and teleplays written by such writers during their employment as writers also employed in additional capacities shall be separately compensated.

- The weekly salary is 100% reportable.
- Program fees and residuals are also reportable.
- Story Editors cannot be paid less than the Article 14.K. weekly minimum.

ARTICLE 14.E.2. – ADDITIONAL CAPACITY TELEVISION DEVELOPMENT

All formats, stories and teleplays written by such writers during their employment as writers also employed in additional capacities shall be separately compensated, without any offset, credit or allocation of any kind against or by any other compensation of any kind due said individual. Notwithstanding the foregoing, with respect to any writer hereunder who is guaranteed compensation of at least one hundred thousand dollars for up to 52 weeks of employment for both writing and non-writing services, the Company shall have the right to credit such compensation freely against the compensation which otherwise would be due to said writer for the writing of any literary material during such employment (but not against residuals or the program fees) or for non-writing services. The base amount upon which the

Company shall compute Health contributions with respect to such employment shall be \$275,000. (Article 14)

- The employed writer is guaranteed compensation of at least \$100,000 for up to 52 weeks of employment for both writing and non-writing services.
- Pension and Health subject amount = \$275,000 for 52 weeks or \$5,288.46 per week. If the period of guaranteed employment is longer than fifty-two (52) weeks, the applicable base amount for computation of contributions shall be increased proportionately. If the period of guaranteed employment is shorter than fifty-two (52) weeks, the applicable base amount for computation of contributions shall be decreased proportionately.

ARTICLE 14.E.2. – Additional Capacity Television Development Writers	Weekly Pension Reportable (\$275,000/year) Effective 5/2/11	Weekly Health Reportable (\$275,000/year)	Pension Plan	Health Fund Rate	Paid Parental Leave
May 2, 2022 – May 1, 2023	\$5,288.46	\$5,288.46	11.25%	11.5%	0.50%
September 25, 2023 – May 1, 2024	\$5,288.46	\$5,288.46	11.25%	11.5%	0.50%
May 2, 2024 – May 1, 2025	\$5,288.46	\$5,288.46	11.25%	12.5%	0.50%

SIDE LETTER TO ARTICLE 14.E.2.

When a Writer is employed under a development deal as stated in Article 14.E.2. and, under the same contract, is employed to perform Article 14.K. services on a series for which the Writer receives additional money which is not creditable, contributions shall be payable as set forth in Article 14.E.2. for the full term of employment and shall be paid on the non-creditable Article 14.K. services, except for those periods of time when the Writer is not performing development services and is receiving Article 14.K. compensation on the series outside of the Article 14.E.2. guarantee (a/k/a fresh cash). In that case, contributions shall be payable on the non-creditable Article 14.K. minimum, script fees, program fees and on 50% of the amount otherwise due under Article 14.E.2

ARTICLE 14.L. – WRITERS ALSO EMPLOYED IN ADDITIONAL CAPACITIES IN A DEVELOPMENT ROOM WEEK TO WEEK AND TERM EMPLOYMENT UP TO 19 WEEKS

This is a new category designed to handle writers rooms. It is effective as of November 1, 2023, and covers Story Editors, Executive Story Editors, as well as Article 14 Writers other than Story Editors and Executive Story Editors.

ARTICLE 14.L. – Week to week, up to 19 weeks	Story Editor/Executive Story Editor	Article 14 Writers other than Story Editors and Executive Story Editors
September 25, 2023 – May 1, 2024	\$12,978	\$14,214
May 2, 2024 – May 1, 2025	\$13,432	\$14,711
May 2, 2025 – May 1, 2026	\$13,902	\$15,226

NOT REPORTABLE

EXCERPTS

The use of any portion of one television or theatrical project in another television or theatrical project.

ROYALTIES

The video rental levy is a royalty imposed on the rental of video cassettes, discs and DVDs for the benefit of authors. Cable retransmission royalties are monies paid by cable systems to authors of copyrighted works aired by terrestrial broadcast stations, which are retransmitted by such cable systems to their subscribers.

CHARACTER PAYMENTS

A fully developed character created by a writer is used in subsequent episodes of a series.

SEPARATED RIGHTS

A group of rights that the WGA Theatrical and Television Basic Agreement ("MBA") provides to writers of original material. They are derived from Copyright, which is a bundle of rights.

INTEREST

Assessed penalties which accrue on the writer's unpaid compensation

LATE FEES

Assessed penalties due in addition to the writer's compensation

EXPENSES

Per diem, meal expenses, travel pay

PUBLICATION FEES

This gives the Company the right to publish the script on DVD, and is due regardless of whether the Company elects to exercise such right. The payment of the script publication fee and/or the exercise of the script publication right does not in any way affect any other rights held by a writer entitled to Separation of Rights in the motion picture, including other publication rights.

TRAINEE SALARIES

An individual employed as a trainee may perform, under the immediate supervision of a professional writer, assigned writing services with an emphasis on the development of the fundamental writing skills of a professional writer.

Other Reportable Services

- Other types of reportable employment include:

- Serials – Other than Primetime: employment of literary material for serials produced for broadcast three, four, five, six or seven times per week - *Days of Our Lives, The Bold and The Beautiful, General Hospital*
- Quiz & Audience Participation: participation of individuals in quizzes or stunts/in which the moderator conducts interviews (Appendix A, Article 1.C) – *Jeopardy, American Gladiators*
- Comedy-Variety: a unit series consisting of various entertainment elements such as comic acts, musical numbers and sketches (Appendix A, Article 1.C) – *Saturday Night Live, The Tonight Show, The Annual Academy Awards, The Carol Burnett Show*
- Documentaries: depicting real events through actual footage, on-camera narration, interview and/or re-enactments (Appendix A, Article 1.C) – *Unsolved Mysteries, The Civil War, Zoo Life*
- News Programs (Appendix A, Article 1.C) – *Entertainment Tonight, 60 Minutes, Face the Nation, The 6:00 O'clock News*
- Non-dramatic Strip Programs: *Teen Court, The Home Show*
- Informational Programs – Instructional and educational, motivational and public relations
- Interactive Programs - writing for videogames
- New Media – Note: the MBA does not cover text for websites, Twitter posts and Audio-Only Podcasts

TIMING

The earned date or work range of your compensation is tied to when you performed your services or earned the compensation. It is not tied to when your employer makes contributions on your behalf. Because of the time needed to receive and process earnings reports, there is a three month (one calendar quarter) lag period between your satisfying the earnings requirement and commencement of coverage. Once your coverage begins, it remains in effect for 12 consecutive months (four consecutive calendar quarters). For more information on timing and how it affects your eligibility and earnings cycle, please see section #7.

Keep records of all of your email exchanges regarding your employment. These are date stamped records which will be very useful in case your employer reports your earnings in the wrong time period.

VI. A BRIEF EXPLANATION OF CEILINGS

Not all of the monies you receive during your career as a writer are subject to contributions. As noted in the previous section, projects have ceilings which means there is a cap on how much contributions are paid.

THEATRICAL MOTION PICTURES

FLAT DEALS & SCREENPLAYS

A flat deal is employment to write one script.

A screenplay is the final script with individual scenes, full dialogue and camera setups.

Under the current 2023 agreement, the ceiling for a flat deal theatrical motion picture is \$225,000 for pension and \$250,000 for health per project, per writer regardless of whether that writer is part of a team.

This means that if you are paid \$400,000 for writing services on a theatrical flat deal, the maximum amount of compensation that is reportable is the first \$225,000 for pension and the first \$250,000 for health, regardless of whether you are the only writer or part of a team of two or three. The balance of your compensation is not reportable.

Theatrical earnings include compensation for writing services, purchases (if additional writing services have occurred) and any bonuses and profit participation.

If you reach the theatrical ceiling with your project at company A and company B acquires the project and hires you for additional services, those services are not reportable because you have met your ceiling with company A. Remember, the ceiling is per project.

In connection with any single theatrical motion picture or non-episodic, nonserial television motion pictures or multi-part closed-end series, which motion pictures or series are 120 minutes or more in length; it being understood that any percentage for Health Fund contributions shall be paid only on the first \$250,000 for each writer, **regardless of whether that writer is part of a team of two or three.**

THEATRICAL TERM DEALS

This is Theatrical Employment on a week-to-week basis. Every writer employed on a week-to-week or term basis shall receive the salary rate of not less than the amount per week specified below.

The following weekly rates apply to Theatrical Term Employment.

Guaranteed Weeks	5/2/22 – 5/1/23	9/25/23 – 5/1/24	5/2/24 – 5/1/25	5/2/25 – 5/1/26
40 of 52 weeks	\$5,214	\$5,475	\$5,667	\$5,865
20 of 26 weeks	\$5,665	\$5,948	\$6,156	\$6,371
14 of 14 weeks	\$6,135	\$6,442	\$6,667	\$6,900
Week to Week	\$6,610	\$6,941	\$7,184	\$7,435

Regardless of what you are paid for your Term Deal, the above weekly amounts are the reportable minimums.

THEATRICAL PURCHASES

The acquisition of an existing screenplay.

A purchase by itself is not reportable because there is no work-for-hire. However, if the same writer from which the script was purchased is also hired to perform a rewrite or polish, along with the covered writing services which are reportable, the purchase becomes reportable up to the theatrical ceiling.

If the purchase is \$400,000 and the polish is \$50,000, the entire polish is reportable and a portion of the purchase or \$175,000 to pension and \$200,000 to health. The balance of the purchase is not reportable because the theatrical motion picture ceiling has been met. If the above scenario occurs and the writer is later hired to do another polish for \$25,000, the \$25,000 is not reportable because the theatrical motion picture ceiling has been met.

TELEVISION

FLAT DEAL & EPISODIC CEILINGS

A flat deal is employment to write one script. This can be a story, a teleplay or a story & teleplay. The nature of television series that are divided into short programs known as episodes.

Each episode you write has its own pension and health ceiling. Amounts reportable to ceiling include initial compensation and reportable residuals up to ceiling.

- The ceiling is the greater of 250% of the applicable non-network minimum for services provided or initial compensation, whichever is greater.
(For example: You are hired to write a one-hour network primetime episode. The standard services would be a story & teleplay.)
- Current network minimum = \$43,862 (this is your compensation)
- Ceiling = Non-network story & teleplay = \$31,812 x 250% = \$79,530
- From the ceiling, subtract initial compensation -

\$79,530
<u>(\$43,862)</u>
\$35,668

The \$35,668 is the remainder of reportable compensation for this episode. Reportable residuals (Free TV, Free Foreign, Basic Cable) would be reportable up to the ceiling after which no additional contributions are due on this episode.

In the above example, if you are paid \$80,000 initial compensation, this is greater than the \$79,530 calculation so the entire \$80,000 would be reportable and no additional residuals would be reportable.

SCRIPT FEES FOR STAFF WRITERS

Article 13.B.7.s(2)€ and (h) provide that staff writers employed on a term basis shall be separately compensated for all formats, stories and teleplays written during the term without any offset, credit or allocation of any kind against or by any other compensation of any kind due to said writer. Compensation to such writer for a format, story and/or teleplay shall include compensation for any polish(es) or rewrite(s) of that format, story and/or teleplay written during the writer’s term of employment.

TELEVISION PILOTS

A story or teleplay intended to be used for the production of a pilot for a proposed serial or episodic series and setting forth the framework intended to be repeated in subsequent episodes.

Effective Spetember 25, 2023, television pilot ceilings are:

- 30 minutes or less, the ceiling is \$170,000 for one writer regardless of whether that writer is part of a team.

- More than 30 minutes, the ceiling is \$225,000 for one writer regardless of whether that writer is part of a team.

Prior to May 2, 2014, pilots were 100% reportable.

MOWS, LONG FORM TV & MINI-SERIES

*An MOW is television motion picture 90-minutes or longer.
 A miniseries (also mini-series) is a television program that tells a story in a predetermined, limited number of episodes.*

- The ceiling is 250% of the applicable non-network minimum for services provided or initial compensation, whichever is greater, not to exceed \$225,000 pension and \$250,000 health for each writer, regardless of whether that writer is part of a team,
- Mini-series have one ceiling per project, not per segment

14.K – WRITERS EMPLOYED IN ADDITIONAL CAPACITIES

The following rates apply to the non-writing portion of this type of employment. These weekly amounts are the maximum reportable amounts for the non-writing portion of 14.K employment. Script ceilings are calculated the same as episodic employment.

Week to week & up to 9 weeks	Weekly Rate 12/10/23 – 5/1/24	Weekly Rate 5/2/24 – 5/1/25	Weekly Rate 5/2/22 – 5/1/23
Week to week & up to 9 weeks	\$11,371	\$11,769	\$12,181
10 to 19 weeks	\$9,476	\$9,808	\$10,151
20 weeks or more guaranteed	\$8,524	\$8,822	\$9,131

Example: Weekly/Term Employment

For a TEAM OF TWO employed as a story editor under Art. 14. on a 20-week guarantee, using current rates:

- * Minimum compensation for the team under Article 14.K.: \$8,524
- * Actual compensation paid to each individual writer: \$4,262
- * Contributions made on behalf of each team member: \$8,524

Under the old rule, each writer would only receive contributions on \$4,262. Under the new rule, each writer will receive contributions on \$8,524, even though each only receives compensation of \$4,262.

14.E.2

- Effective 5/2/20, both Pension and Health yearly reportable amounts are \$275,000 per year. This breaks down to \$5,288.46 per week or \$68,750 per quarter.

STORY EDITORS – 13.B.7

Week-to-Week & Term Employment	Weekly Rate 9/25/23 – 5/1/24	Weekly Rate 5/2/24 – 5/1/25	Weekly Rate 5/2/25 – 5/1/26
40 out of 52 weeks guaranteed	\$4,362	\$4,515	\$4,673
20 out of 26 weeks guaranteed	\$4,773	\$4,940	\$5,113
14 out of 14 weeks guaranteed	\$5,172	\$5,353	\$5,540
6 out of 6 weeks	\$5,567	\$5,762	\$5,964
Week-to-week	\$5,567	\$5,762	\$5,964

VII. QUALIFYING FOR HEALTH FUND COVERAGE

GETTING STARTED

The Writers' Guild-Industry Health Fund provides medical, hospital, dental, prescription, vision, wellness and life insurance benefits to you and your eligible Dependents. Participants in the Fund are generally writers in the Motion Picture and Television Industry for whom contributions have been made to this Fund by their Employers who are parties to the collective bargaining agreement with the Writers Guild of America, East and West, Inc.

Covered writing services are the specific writing steps outlined in the MBA for which Pension and Health contributions will be paid and reported. These services can include writing for screenplays, treatments, teleplays, pilots, episodic television, New Media projects, documentaries, low-budget features, news programs, soap operas, and in some cases, purchases of scripts.

In order to qualify for Health Fund coverage, you must have been hired to perform covered services and you must have been paid for those services. Once you have been paid, your employer has 30 days in which to make the contributions on your covered services. Contributions are made to both the Pension Plan and the Health Fund at the same time. It is important to note that paying your dues to the WGA does not affect whether or not you get coverage.

MINIMUM FOR COVERAGE

The minimum for eligibility is tied to the one-hour network primetime minimum, currently \$43,862 (from January 1, 2024 through December 31, 2024). You must earn the minimum within four consecutive quarters in order to qualify for a year of coverage. You can earn the minimum in one quarter, within two quarters, three quarters or at the most, within the span of four consecutive quarters.

You must also continue to earn the minimum for coverage during each yearly earnings cycle to continue your earned eligibility.

The quarter in which you earn the minimum determines your earnings cycle. If you earn \$45,000 in June (Q2), the third quarter (Q3) is your lag quarter and your coverage begins in the fourth quarter (Q4) or October 1. You must continue to earn the minimum by the end

of the second quarter each year to qualify. Your earnings cycle can also reset itself should you not make the minimum in the required four-quarter cycle.

WHEN COVERAGE BEGINS

Because of the time needed to receive and process earnings reports, there is a three month (one calendar quarter) lag period between your satisfying the earnings requirement and commencement of coverage. Once your coverage begins, it remains in effect for 12 consecutive months (four consecutive calendar quarters).

The following chart shows when coverage will begin based upon when the earnings requirement is satisfied, and the four quarter earnings cycle in which the earnings requirement must be satisfied in order to maintain continued coverage:

If you satisfy the earnings requirement in:	Your coverage period will be:	Earnings Cycle for continued coverage:
1st quarter of 2021 (Jan, Feb, Mar)	July 1, 2021 – June 30, 2022	April 1, 2021 – March 31, 2022
2nd quarter of 2021 (Apr, May, June)	October 1, 2021 – September 30, 2022	July 1, 2021 – June 30, 2022
3rd quarter of 2021 (Jul, Aug, Sept)	January 1, 2022 – December 31, 2022	October 1, 2021 – September 30, 2022
4th quarter of 2021 (Oct, Nov, Dec)	April 1, 2022 – March 31, 2023	January 1, 2022 – December 31, 2022
1st quarter of 2022 (Jan, Feb, Mar)	July 1, 2022 – June 30, 2023	April 1, 2022 – March 31, 2023
2nd quarter of 2022 (Apr, May, June)	October 1, 2022 – September 30, 2023	July 1, 2022 – June 30, 2023
3rd quarter of 2022 (Jul, Aug, Sept)	January 1, 2023 – December 31, 2023	October 1, 2022 – September 30, 2023

4th quarter of 2022 (Oct, Nov, Dec)	April 1, 2023 – March 31, 2024	January 1, 2023 – December 31, 2023
1st quarter of 2023 (Jan, Feb, Mar)	July 1, 2023 – September 30, 2024	April 1, 2023 – March 31, 2024
2nd quarter of 2023 (Apr, May, June)	October 1, 2023 – September 30, 2024	July 1, 2023 – June 30, 2024
3rd quarter of 2023 (Jul, Aug, Sept)	January 1, 2024 – December 31, 2024	October 1, 2023 – September 30, 2024
4th quarter of 2023 (Oct, Nov, Dec)	April 1, 2024 – March 31, 2025	January 1, 2024 – December 31, 2024
1st quarter of 2024 (Jan, Feb, Mar)	July 1 2024 – June 30, 2025	April 1, 2024 – March 31, 2025
2nd quarter of 2024 (Apr, May, June)	October 1, 2024 – September 30, 2025	July 1, 2024 – June 30, 2025
3rd quarter of 2024 (Jul, Aug, Sept)	January 1, 2025 – December 31, 2026	October 1, 2024 – September 30, 2025
4th quarter of 2024 (Oct, Nov, Dec)	April 1, 2025 – March 31, 2026	January 1, 2025 – December 31, 2025

- The Lag Quarter allows time for your employer to pay your contributions and also allows us time to collect on a delinquency should your employer need a reminder to report your earnings.
- Your earnings are always allocated to when you performed your services, not when you were paid by your employer. The only exception is an advance which is reportable when it is paid to you, regardless of when services are later performed.

TIMING IS EVERYTHING

Since qualifying for coverage is linked to when you performed your covered services, it is *very important* that you are proactive in monitoring your earnings!

If contributions are paid late, they are still applied to the time period in which the services were performed. This can result in retro-active coverage. In other words, you could receive notification from our office informing you that you qualify for coverage that began three months ago.

It is also possible for your employer to report earnings in the wrong time period. Sometimes earnings are reported in the time period in which the PWGA receives payment. This can directly affect your eligibility!

During your employment, keep track of all correspondence, including emails that can help verify the timing of your services. In the event your earnings are misreported, while we are required to receive verification from your employer, your detailed records will certainly help.

HOW TIMING AFFECTS COVERAGE

Employers pay contributions on an honor system which means the PWGA relies on them to get it right. Most of the time, they do and everything works just fine and as smoothly as it should.

However, there are instances when an employer does not remit contributions for whatever reason:

- The company is a new signatory and may not understand the process
- A personnel change in company's payroll department and your services are improperly coded by your employer
- Services are improperly coded by the payroll company
- The company needs a reminder billing

Whatever the reason for late or non-payment, this can directly affect your benefits. Your health benefits are tied to the work range or work dates in which you performed your services regardless of when the PWGA receives the contributions.

DEPENDENT COVERAGE

If you have dependents, a spouse or child under 26 years of age, you may add your eligible dependents to your plan. The Fund requires that you pay a dependent premium of \$150 per quarter (\$50 per month) to cover all of your eligible dependents. Your dependents must be added to your plan within 30 days of your coverage effective date (except in the instance of a life event).

Life events include marriage, divorce, birth of a child, adoption of a child, disability, loss of other coverage, death, and entering or leaving military service.

THE INDUSTRY HEALTH NETWORK

Services listed within this section are covered through The Industry Health Network (TIHN) level of benefits. All other services will refer to your plan of choice (PPO or Low Option Plans) where benefit limitations apply.

As a Writers' Guild-Industry Health Fund participant living in or visiting Southern California, you can take advantage of The Industry Health Network's high quality, integrated health care system and pay no annual deductible and only minimal copayments.

The Industry Health Network of the Motion Picture & Television Fund gives you access to quality health care designed EXCLUSIVELY for Writers' Guild-Industry Health Fund participants.

The Network offers you:

- Board-Certified Primary Care Physicians
- A network of nearly 500 highly trained specialists.
- Pediatric services located near each Health Center.
- Affiliated, prestigious hospitals, including our own industry exclusive Motion Picture & Television Hospital, which provides a full range of medical services.
- Quality physicians available at convenient locations when and where you need them.

Health Centers conveniently located throughout the greater Los Angeles area; most are full service, including physical therapy, pharmacy, lab and x-ray capabilities. Extended hours - evenings and weekends (hours vary by Health Center).

Getting Great Quality Care is Simple!

It starts by calling (800) 876-8320 for your free copy of our Provider Directory, which provides information on all of our physicians as well as our services and locations. Then simply schedule an appointment with a Primary Care Physician at the MPTF Health Center most convenient to you. Your Primary Care Physician oversees all your care and provides referrals to specialists and additional services as needed.

Bob Hope Health Center
335 N. La Brea Avenue
Los Angeles
(323) 634-3850

Santa Clarita Health Center
25751 McBean Parkway #210
Valencia
(661) 284-3100

Toluca Lake Health Center
4323 Riverside Drive
Burbank
(818) 556-2700

Westside Health Center
1950 Sawtelle Blvd #130
Los Angeles
(310) 996-9355

Jack H. Skirball Center
23388 Mulholland Dr.
Woodland Hills, CA 91364
(818) 876-1050

Glendale Health Center
800 S. Central Avenue, #305
Glendale, Ca 91204
(818) 876-4790

EXTENDED COVERAGE POINTS

Beginning April 1, 2000, Plan Participants were credited with one, two or three points for each year of regular, employer-paid eligibility earned commencing on and after January 1, 1990.

Under this program, the Health Plan awards points for your past and future participation as follows:

One point for each four quarter eligibility cycle ending on or after September 30, 1989 which resulted in Health Fund eligibility;

One additional point for each four quarter earnings cycle ending on or after September 30, 1989 during which the writer earned at least \$100,000* in covered compensation as reported to the Health Fund

One additional point awarded for each four quarter earnings cycle ending on or after September 30, 1989 during which the writer earned at least \$200,000* or more in covered compensation as reported to the Health Fund.

You are able to accumulate up to a maximum of fifty (50) points.

* Please refer to the point threshold chart below for all point threshold increases after September 30, 1989.

EXTENDED COVERAGE PROGRAM POINT THRESHOLD CHART

Earnings Minimum for Second Point	Earnings Minimum for Third Point	Earnings Cycle Effective Date	Earnings Cycle Effective Date	Earnings Cycle Effective Date	Earnings Cycle Effective Date	Earnings Cycle Effective Date	Earnings Cycle Effective Date
\$100,000	\$200,000		04/01/00	07/01/00	10/01/00		
\$103,252	\$200,000	01/01/01	04/01/01	07/01/01	10/01/01		
\$106,089	\$200,000	01/01/02	04/01/02	07/01/02	10/01/02		
\$108,741	\$200,000	01/01/03	04/01/03	07/01/03	10/01/03		
\$111,460	\$200,000	01/01/04	04/01/04	07/01/04	10/01/04		
\$113,968	\$204,500	01/01/05	04/01/05	07/01/05	10/01/05		
\$116,534	\$209,101	01/01/06	04/01/06	07/01/06	10/01/06		
\$119,156	\$213,806	01/01/07	04/01/07	07/01/07	10/01/07	01/01/08	04/01/08
\$122,731	\$220,220		04/01/08	07/01/08	10/01/08	01/01/09	04/01/09
\$126,413	\$226,827			07/01/09	10/01/09	01/01/10	04/01/10
\$130,205	\$233,631			07/01/10	10/01/10	01/01/11	04/01/11
\$132,809	\$238,304			07/01/11	10/01/11	01/01/12	04/01/12
\$135,133	\$242,474			07/01/12	10/01/12	01/01/13	04/01/13
\$137,498	\$246,717			07/01/13	10/01/13	01/01/14	04/01/14
\$125,000	\$250,000			07/01/14	And Beyond...		

In summary, you may earn up to three points for each year of employer paid Health Fund coverage earned, beginning January 1, 1990. If you lose eligibility due to failure to earn sufficient compensation within your earnings cycle, and you have accumulated **at least 10 points**, you will automatically be placed in the Extended Coverage Program and will be notified of such. Although you must have 10 points to be eligible for the Extended Coverage Program, based upon your state of residence, there are up to four different benefit plans available with point values ranging from 2.5 to 1.5 points per quarter.

For each quarter that you receive benefits under this program, the applicable number of points will be deducted from your point balance. This process will continue until: 1) you regain employer-paid eligibility; or 2) you retire under the Producer-Writers Guild of America Pension Plan as a Certified Retiree; or 3) there are an insufficient number of points available for continuation in the program.

EXCESS EARNINGS EXTENSION

Health Fund coverage will be provided for an additional year to certain theatrical project Writers who earn \$250,000 or more in gross covered compensation in one earnings cycle, but who would otherwise lose coverage because they did not earn enough compensation in the next earnings cycle to be eligible. To provide this additional eligibility, the earnings of \$250,000 in compensation shall be deemed allocated **equally** between each of two consecutive earnings cycles. This extension of coverage is done systematically and no action is required from you.

EXCESS EARNINGS EXTENSION FOR A BONA FIDE TEAM OF TWO

The benefit described in the above paragraph will be extended to cover bona fide, two-person writing teams that meet the same earnings criteria for eligibility cycles beginning on and after January 1, 2005. This is not an automatic extension. If you feel you qualify for this extension, please contact the Eligibility Department of the Fund office. eligibility@pwga.org (818) 846-1015 x. 605

Each writer on a writing team employed for a script will receive pension and health contributions up to the relevant cap as though they were a single writer, rather than splitting the applicable cap. In addition, when a writing team is employed on a series, contribution for each writer on the team will be made on the full weekly minimum instead of one-half of the weekly minimum

DISCOVERING A DISCREPANCY

The Eligibility Department sends out yearly Health Fund Summary of Contribution Statements to each and every participant. The statement is based on your personal earnings cycle. You will receive your statement approximately 60-days before your current earnings cycle ends. For example, if your coverage ends September 30, you must achieve the earnings minimum by June 30. You will receive your Health Fund Statement sometime in early May.

The earnings cycle is the four quarter cycle in which you earn and must continue to earn the minimum required in order to qualify for health coverage.

When you receive your statements in the future, please take the time to check them to see if there is something missing or anything that you don't understand; if so, call or write to the Employer Compliance Department at the Administrative Office. Keep copies of all your contracts, check stubs and dues declarations. This will make it easier for you to help us solve the problem when there is a discrepancy on your statement. For your peace of mind, do not wait until your health benefits run out.

LOSING YOUR HEALTH FUND COVERAGE

The entertainment industry is a Gold Rush industry: it has no ceiling, nor does it have a floor. For writers, healthcare can be an area in which they keenly feel the ups and downs of their careers. Thanks to the Health Plan's creation of an Extended Coverage Program, various industry-related resources, and the Affordable Care Act, writers have significant options in addition to opting for COBRA when their Plan coverage is about to expire.

CHECK YOUR STATEMENTS

If you receive a letter from the Health Plan warning that your coverage is about to expire, the first thing you should do is check to see if your employers have properly reported – and made contributions on – your covered income.

Twice a year, the PWGA sends out a pension statement setting forth the details of what you have been paid. In addition, the information is available on our website, www.pwga.org. Once you log in, the information will be the CONTRIBUTIONS HISTORY section of the Participant Toolkit on the right side of the screen.

Participants can elect to receive their pension statements electronically. One advantage to this is that you will have the information in your hands in a much more timely manner than if you received the statements by mail.

Approximately 2-months before your earnings cycle ends, the Health Fund will also send you a Health Fund Summary of Contributions Statement. Please read this statement carefully as it contains detailed information about your eligibility status such as whether or not you have satisfied the earnings minimum, and if you qualify for the Excess Earnings Extension. The statement lists all of the employer contributions that have been reported during that specific earnings cycle.

EXTENDED COVERAGE

In April of 2000, the PWGA announced the inception of the Extended Coverage Program which credits writers with health coverage points for each year of regular, employer-paid eligibility commencing on and after January 1, 1990. You are able to accumulate up to a maximum of fifty (50) points. These points can then be used to extend health coverage during periods of unemployment. The Health Plan awards Extended Coverage points as follows:

- You will receive one point if you earned between the minimum and \$124,999.00, in your four quarter earning cycle.
- One additional point (2) if you earn \$125,000.00 to \$249,999 in your four quarter earning cycle.
- And one additional point (3) will be if you earn \$250,000.00 or more in your four quarter earning cycle. (These dollar amounts are subject to change per the PWGA Trustees)

In simple language, what this means is that you may earn up to three points for each year of employer paid Health Fund coverage earned, which can be applied to continue health coverage. The Extended Coverage Program works like this:

- If you lose eligibility due to insufficient compensation within your earnings cycle, and have accumulated at least 10 points, you will automatically be placed in the Extended Coverage Program and will be notified by the Plan.
- Although you must have 10 points to be eligible for the Extended Coverage Program you only need to meet the 10 points once in your health fund history in order to use the points. The benefit plans available with point values ranging from 2.5 to 1.5 points per quarter.
- The Extended Coverage Points must be used, if available, when your coverage ends, you may not save them to use later even though you may have other insurance coverage.

- For each quarter that you receive benefits under this program, the applicable number of points will be deducted from your point balance. This process will continue until: 1) you regain employer-paid eligibility; or 2) you retire under the Producer-Writers Guild of America Pension Plan as a Certified Retiree; or 3) there are an insufficient number of points available for continuation in the program – whichever of these occurs first.
- As long as you have at least 1.5 points remaining (1 point if on the Low Option Plan), the Fund will subsidize the difference and you will be granted one last quarter of coverage in the plan then in effect. If all points are exhausted and eligibility is not regained, you and all eligible dependents will be offered COBRA Continuation Coverage.

EXCESS EARNINGS EXTENSION (AKA THE \$250K EXTENSION)

If you earned at least \$250K (or more) in gross covered earnings in one earnings cycle but you do not meet the eligibility minimum in your next personal earnings cycle, the Fund will provide coverage for another year by dividing the \$250K (or more) equally between the two consecutive earnings cycles. For individual writers this extension is automatic.

This extension is also available to Bona Fide Two-Person Writing Teams that equally split (50% each) \$250K (or more) in gross covered earnings in one earnings cycle and one or both writers do not meet the eligibility minimum in their next personal earnings cycle. If this is your situation, you should contact the Eligibility Department and ask that a review be done to determine if one or both of you qualify for this extension. If approved, the Fund will provide coverage for one or both of you by dividing your equal share of the \$250K (or more) between your two consecutive earnings cycles.

OTHER POSSIBILITIES

If you don't have misreported income, and you're not entitled to Extended Coverage, you still have health coverage options available to you.

ACTOR'S FUND

Even though you're not an actor, The Actor's Fund is a great resource (available to all in the entertainment industry) for information about health care services. As per their website, <http://www.actorsfund.org/>:

Our Health Services programs offer both Internet-based and personal health insurance guidance, solutions-based health care counseling, experience-based health referrals and, through our own free clinic, direct medical care for people who are uninsured.

The Actor's Fund offers seminars, clinics, free health services, and serves as a clearing house for a wide range of available healthcare resources. You can find out more at their website.

TIHN

The Industry Health Network (TIHN) is run by the Motion Picture & Television Fund (MPTF). They have health services available at little or no cost so that if you are underinsured or uninsured you can see a doctor for a fee of \$25 for an office visit, and if necessary receive basic lab services and x-rays at no extra cost. In addition, they offer low-cost prescriptions through a variety of pharmacies. You can find out more at their website, <http://www.mptf.com/>.

THE AFFORDABLE CARE ACT (ACA)

ACA provides for a Health Insurance Marketplace where you can select the best healthcare coverage for you and your family.

The Health Insurance Marketplace offers “one-stop shopping” to find and compare private health insurance options. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums and cost-sharing reductions (amounts that lower your out-of-pocket costs for deductibles, coinsurance, and copayments) right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll.

Through the Marketplace you'll also learn if you qualify for free or low-cost coverage from Medicaid or the Children's Health Insurance Program (CHIP). Coverage through the Marketplace may cost considerably less than COBRA continuation coverage. Being offered COBRA continuation coverage won't limit your eligibility for coverage or for a tax credit through the Marketplace.

You have 60 days from the time you lose your job-based coverage to enroll in coverage through the Marketplace, because loss of job-based coverage is a “special enrollment” event. After 60 days your special enrollment period will end and you may not be able to enroll, unless there is an “open enrollment” period for Marketplace coverage.

To find out more about enrolling in the Marketplace, such as when the next open enrollment period will be and what you need to know about qualifying events and special enrollment periods, visit: www.HealthCare.gov

SPOUSE'S PLAN

If your spouse’s employer offers healthcare coverage, you may be able to obtain through his/her plan. Depending upon what they charge for dependent premiums, this may be the easiest and least costly option available to you.

COBRA

If all else fails, though it is expensive, you have COBRA coverage available to you. The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end because of a life event known as a “qualifying event.” More information about qualifying events can be found under the Health Fund tab, or by calling the Eligibility Department at: (818) 846-1015 x605

Writers’ Guild-Industry Health Fund – Regular COBRA Monthly Rates April 1, 2020 through March 31, 2021			
	Single	Two-Party	Family
Plan C – Regular Medical/Hospital, Delta Dental (DPO), Rx, Vision, Wellness	\$892.61	\$1,766.52	\$2,398.39
Plan B – Regular Medical/Hospital, Rx, Vision, Wellness (no dental)	\$839.07	\$1,662.89	\$2,258.57
Plan CU – Regular Medical, Delta Care Dental (HMO), Rx, Vision, Wellness **	\$908.95	\$1,699.88	\$2,280.69
Plan L – Low Cost Medical/Hospital ONLY – \$750 Deductible	\$555.64	\$1,098.82	\$1,491.64
COBRA RATES FOR DEPENDENTS OF RETIREES (children or ex-spouses of retirees)			
	Single	Two-Party	Family
Plan RC – (Same as Plan C above)	\$688.99	\$1,357.24	\$1,840.40
Plan RB – (Same as Plan B above)	\$623.07	\$1,288.73	\$1,666.66
Plan RU – (Same as Plan CU above)	\$685.50	\$1,266.39	\$1,692.94
Plan RL (Same as Plan L above)	\$602.94	\$1,193.89	\$1,621.17

LOW OPTION PLAN (PLAN L)

With the cost of health care being what it is, no one should be without coverage if at all possible. To make COBRA Continuation coverage more affordable to Writers who don't qualify for Health Fund coverage, the Health Fund offers the Low Option Plan (Plan L) COBRA which can be purchased at a lesser cost. .

Before any benefits are payable under Plan L, hospital or otherwise, you must satisfy the annual deductible. The key provisions of Plan L are as follows:

Annual Deductible:

\$750 per individual

\$2,250 per family

Coinsurance In-Network:

Plan pays 70%

You pay 30%

Coinsurance Out-of-Network:

Plan pays 60%

You pay 40%

Annual Out-of-Pocket Maximum:

\$4,500 per individual In-Network

\$6,000 Out-of-Network, excluding the deductible

In addition, if your care requires hospitalization or outpatient surgery, you will need to have the hospital stay or surgery pre-certified. If you do not get the required pre-certification, there will be a \$500 reduction in benefits in addition to the deductible and coinsurance required on hospital confinements. Plan L provides medical and hospital coverage only.

Life, accidental death and dismemberment insurance, prescription drug benefits, dental benefits, vision, and wellness benefits are not included. For more details on this coverage, you may contact the Participant Services Department at (818) 846-1015 ext. 602. You may also visit our website for additional information:

https://www.pwga.org/health/forms/Summary_Of_Benefits_Booklet.pdf

Once you've exhausted your COBRA continuation coverage and the coverage expires, you'll be eligible to enroll in Marketplace coverage through a special enrollment period, even if Marketplace open enrollment has ended.

If you sign up for Marketplace coverage instead of COBRA continuation coverage, you cannot switch to COBRA continuation coverage under any circumstance. You can learn more about many of these options at: www.HealthCare.gov

If you reside in California, information is available at: <http://www.coveredca.com>

If you reside in New York, information is available at: <https://nystateofhealth.ny.gov>

If you live elsewhere, go to: www.HealthCare.gov

As you can see from the options laid out above, if and when the time comes that you are in jeopardy of losing your Health Fund coverage, there are still many options available to you and your family.

VIII. WHAT YOU NEED TO KNOW ABOUT YOUR PENSION

WHO WE ARE

The Pension Benefits Department administers your pension benefits. Your pension benefits are based on contributions paid on your behalf by Signatory Employers for your covered services. Throughout your career as a WGA writer, you will accumulate contributions based on your employment with various Signatory Employers. Once you are ready to retire, your contributions become part of a calculation, which will determine your monthly retirement benefit.

You must be vested in order to be eligible to receive a Retirement Benefit as long as you are age 52 or older. You will need to apply for Retirement Benefits with the Pension Plan. Retirement Benefits are not paid automatically until the law requires it, usually after age 70-1/2.

PENSION QUALIFIED YEAR

A Pension Qualified Year is a calendar year in which you earn at least 8 Credited Weeks. Under current rules, you earn 8 Credited Weeks if you have \$5,000.00 (five thousand dollars) in covered compensation in a calendar year.

VESTING

You need to vest in order to receive any retirement benefits from this Pension Plan. You will vest in your retirement benefits once you have earned 5 Qualified Years (excluding years prior to 1998 forfeited due to a Permanent Break in Service). Special vesting rules apply if you are age 65.

Vesting is the key to securing a pension benefit. It means you have a right to a Retirement Benefit and it cannot be taken away even if you stop working. Under the Pension Plan, you are either fully vested or not vested at all; there is no partial vesting in Retirement Benefits.

BREAK IN SERVICE

If you do not earn a required amount of service over a specified period of time, you will incur a Break in Service. You will incur a one-year Break in any Plan Year that you do not earn a Qualified Year (eight Credited Weeks).

PERMANENT BREAK IN SERVICE

Prior to January 1, 1998, if you were not vested and incurred too many consecutive One-Year Breaks in Service, the Break in Service became permanent. This is called a Permanent Break in Service. In addition, you would have lost all of the Qualified Years and accrued benefits you previously earned and your participation in the Plan would be terminated. You could also have more than one Permanent Break in Service.

Beginning January 1, 1998, a Break in Service will no longer result in a forfeiture of Qualified Years and benefits. However, it may still impact whether you have reached your Normal Retirement Date if you are not otherwise vested.

CURING A BREAK IN SERVICE

Because Breaks in Service continue to affect whether you may receive a retirement benefit if you are not vested at attainment of age 65, curing a Break in Service remains relevant even after 1997.

A One-Year Break or a series of One-Year Breaks will be cured if you earn a Qualified Year before the Break in Service becomes permanent. For example, suppose you incur four consecutive One-Year Breaks and then earn a Qualified Year. The Qualified Year would repair the four previous One-Year Breaks. Thereafter, you would not incur a Permanent Break in Service unless and until a new string of at least five consecutive One-Year Breaks occurs, which exceeds the number of Qualified Years you have accrued at that time.

TRACKING YOUR PENSION EARNINGS

In the spring of each year, the Administrative Office mails the annual Pension Plan statement, which includes a recap of your history in the Pension Plan along with a summary of all the contributions received during the previous calendar year. Please review this document carefully to make certain that all of your Covered Earnings have been reported properly. If there are any discrepancies, notify our Employer Compliance Department, in writing, as soon as possible. In this way, we can make sure that when you are ready to retire, your benefit will include all of your covered earnings.

WHAT DO I DO NOW?

It is very important that you complete your Designation of Beneficiary Form (click [here](#) to download a copy), and mail it to the Administrative Office. With this form, you can designate a beneficiary for any Pre-Retirement Death Benefits that may become payable under this Pension Plan. All information is vital to protect your interest. It is kept in the strictest of confidence and used only by our office to administer your Pension Plan benefits.

Keep copies of all your contracts, check stubs and dues declarations. This will make it easier for you to solve the problem when there is a discrepancy on your statement.

When you receive your statements in the future, please take the time to check them to see if there is something missing or anything that you don't understand; if so, call or write to the Employer Compliance Department at the Administrative Office. For your peace of mind, do not wait until your health benefits run out or until you get close to retiring.

IX. RETIREMENT

APPLYING FOR RETIREMENT

You finally made it to retirement. You owe yourself a pat on the back for all the work you have done to get to this point. To start receiving your pension, you need to apply for Retirement Benefits with the Pension Plan. Retirement Benefits are not paid automatically until the law requires it, usually after age 70-1/2.

You must be vested, and at least age 52 on your desired Retirement Date.

Each Retirement Benefit Application is prepared exclusively for you at your request.

Make an appointment for retirement counseling with the Pension Benefits Department at least two months prior to your desired Retirement Date. Contact us by mail, fax, or phone.

You must submit your completed Retirement Benefit Application packet so that the Administrative Office receives it at least 31 days, but no more than 180 days, prior to your desired Retirement Date. This is required by law.

Retirement Dates are always the first of a month. You will be paid on the first of the month for that month starting on your Retirement Date. Your check will be mailed the business day prior to the first of a month. Or, if you choose to have your benefit payments electronically transferred to your account, the transfer will occur on the first business day of the month. The first of a month that falls on a Holiday or weekend will affect the timing of your benefit payment.

Think about when you want to start your benefits and contact us as early as six months before your desired Retirement Date. If we don't receive your completed Retirement Application packet in time, your Retirement Date will change to a future date, your benefit will start later and it will NOT be paid retroactively.

You can request the Pension Department to prepare documents to show the different options available to you so that you can determine what options best meet your needs. We encourage you to discuss this with the Pension Department, and if you wish, to bring a financial professional with you. Parking is free.

RETIREMENT BENEFIT APPLICATION PACKET

When you contact us for an appointment, we will mail a Retirement Application packet for your review prior to the appointment. Your application will contain a [Retirement Benefit Application](#) form and Tax forms.

You can estimate how much you require for withholding by using the [calculator](#) found on the PWGA website.

The Retirement Benefit Application form is customized for your particular work history and demographic information. It contains all the Retirement

We encourage you to contact the Pension Department and ask for assistance in determining what options are available to you. You are welcome to include a financial professional in these conversations.

Benefit Options available to you and an estimate of the benefit amounts under each option to help you make an informed decision about your financial future. The forms must be completed in their entirety and the required supporting documents must be received by the Administrative Office by the deadline noted on the Retirement Benefit Application form. Supporting documents are required in addition to the Retirement Benefit Application. The supporting documents required depends on your marital status in the last five years and the Retirement Benefit Option you elect. A birth certificate, passport, naturalization papers, baptismal papers or military separation papers are all acceptable proof of date of birth for your Beneficiary or you. A driver's license is not acceptable proof of date of birth. Documents submitted must be in English. If you have any foreign language documents, please submit a certified translated copy in addition to the original foreign language

document.

You will be required to provide the following documents:

- Proof of date of birth for both you and your spouse or Joint Annuitant, if applicable, (i.e., passport, birth certificate, naturalization/resident alien, baptismal papers, or military separation papers).
- If you are married, you will also need to supply the Administrative Office with a copy of the marriage certificate.
- If you are divorced, you will need to supply the office with proof of divorce. Please note that if you have been divorced within the last 5 years, you will need to attach a copy of the entire divorce decree.

APPLYING FOR DEATH BENEFITS

Your Beneficiary or a representative of your estate/living trust should contact the Administrative Office to let us know of your demise. Initially, a death certificate will be requested from your Beneficiary or a representative of your estate/living trust so that we may determine what benefits may be due to them under the Pension Plan. Depending on your marital status and whether you are vested or retired under the Pension Plan, we may require more documents. If you are doing some estate planning, please contact us and we will be happy to provide you information to plan for your financial future.

MAINTAINING YOUR MONTHLY BENEFIT

PAYMENTS: EFT, LOST CHECKS

Benefit payments are made on the first of each month for that month. Your check will be mailed the business day prior to the first of a month. Or, if you choose to have your benefit payments electronically transferred to your account, the transfer will occur on the first business day of the month. If the first of a month falls on a Holiday or weekend, the timing of your benefit payment will be affected.

ELECTRONIC FUNDS TRANSFER (EFT)

To better serve you, we would like to suggest Electronic Funds Transfer ("EFT"). EFT is SAFE, FREE and DEPENDABLE!

EFT ensures that your monthly benefit payment is transferred to your bank account every first business day of the month. It eliminates the wait for your check to clear because the funds are immediately available once they are in your account. You also avoid the occasional delay of having to wait for your check due to misrouted mail. It is safe and provides you the convenience of automatic fund remittance to your financial institution. All you need to do is complete an EFT Authorization form. Please return the completed form to the Administrative Office if you want to take advantage of EFT. Allow two payment cycles for processing; you will be notified when your EFT is effective. Once you are set up for EFT, you will receive a Deposit Confirmation each month, notifying you of your funds transfer.

You can download an EFT form by going to the PWGA website [here](#).

LOST CHECKS

If you have not received your check for the month, please allow the US Postal Service five postal business days to deliver your check. After the waiting period, please contact us on the sixth postal business day of the month to replace your lost check.

TAXES AND TAX WITHHOLDING CALCULATOR

Your Retirement Benefit is taxable. You may elect to have federal and/or California tax withholding or no withholding at all by completing the appropriate tax forms. The federal tax form is IRS W-4P Form available through the IRS website, www.irs.gov or on the PWGA website [here](#).

The State of California tax form is EDD DE 4P Form and is available through the State of California website, www.edd.ca.gov or on the PWGA website [here](#).

Withholding is one way for you to pay a portion of your income tax. If no tax or not enough tax is withheld from your benefits, you may have to pay estimated tax during the year or a tax penalty at the end of the year. The total amount of your taxable income will determine the amount of income tax due on your pension payments. Please consult an accountant or a tax advisor for help determining your appropriate tax withholding. The Pension Benefits Department does not provide advice on tax matters. We are here to implement your decisions related to the pension payments you receive from the Pension Plan.

Your most current tax withholding election remains in effect until you change it. If you live outside California, there will be no California state tax withheld unless you specifically request it. We do not withhold for states other than California. Depending on your election, the amount of taxes withheld may be zero based on the federal or California tax tables. If you do not make any tax withholding election, the automatic tax withholding that would be applied is married with three exemptions, as required by law. If your pension payment is less than \$1720 per month and your withholding is married with three exemptions, there will be no taxes withheld.

Tax forms received by the 14th of a month will be effective on the 1st of the following month. If we receive your form between the 15th and the last day of a month, your desired tax withholding will be effective the 1st of the second month.

PENSION PAYMENT VERIFICATION

On a periodic basis, the Pension Plan sends a Pension Payment Verification Form to verify that you are receiving your pension benefit payments. This verification is part of the Pension Plan's fiduciary responsibility to ensure that you, the Participant or Beneficiary, receive the

benefits to which you are entitled. The Pension Payment Verification Form serves as an official document from you confirming that you are receiving your pension benefit payments. The Pension Plan also uses this form to verify your signature whenever a written request is received. Having your updated notarized or witnessed signature on record helps the Pension Plan to uphold and protect the confidentiality related to your records. We require that the signature be notarized or witnessed by a Pension Plan Representative as a deterrent to fraud. It protects not only you, but also the Pension Plan, from becoming victims of fraudulent activity.

A signature guarantee from your financial institution is also acceptable. Some banks and brokerage houses may provide this service for free to their customers. Please check with your financial institution to determine if they offer this service. If you are unable to have your signature notarized or witnessed by a Pension Plan Representative for medical reasons, the Pension Plan will accept a certification to that effect from a physician who is legally authorized to practice medicine.

It is important that you return the Pension Payment Verification Form as quickly as possible so as to avoid the possibility that your pension benefits will be stopped.

The Pension Payment Verification Form must be notarized or witnessed by a Pension Plan Representative

If we do not receive your completed form by the deadline stated in the letter, your pension benefit payments will stop and will only resume after we receive your completed form. For forms received by the 14th of a month, your pension benefits will resume on the 1st of the following month. If we receive your form between the 15th and the last day of a month, your pension benefits will resume the 1st of the second month. Any payments previously suspended will be paid at that time. We will mail a series of reminders over a three-month period to give you sufficient time to comply with this request.

If you are unable to have your signature notarized or witnessed by a Pension Plan Representative and have designated a representative to execute retirement transactions on your behalf, your duly authorized representative can complete the form for you by providing his/her notarized or witnessed signature on the form. A copy of the pertinent document must be on file with the Administrative Office or enclosed with the form. Your business manager who handles your pension benefit payments can sign the form for you only if you have legally authorized him/her to act on your behalf for retirement transactions.

ADJUSTMENTS

From time to time, the Pension Plan conducts an audit of your Contributions or your benefit calculation to ensure that you are receiving the correct benefit amount. As a result of the Pension Plan's audits, the benefit you are receiving may be found to be incorrect. In that

case, or if any amounts are otherwise in error, the amount of your plan benefits shall be appropriately revised.

WORK AFTER RETIREMENT

You can work as much as you want in employment covered by a WGA collective bargaining agreement and still continue to get your retirement benefits with one exception. The only exception is if you retire before age 65, you cannot work the first month beginning on your Retirement Date to be considered retired under the Pension Plan. Additional benefits from your reemployment will start adding up. You don't need to vest for this benefit, since you already vested under the Pension Plan before you started your Retirement Benefits. Benefit and Compensation limits apply when calculating your Second Retirement and additional benefits.

SECOND RETIREMENT

You will earn a Second Retirement Benefit if you retired under the Pension Plan before age 65 and work in employment covered by a WGA collective bargaining agreement or are paid residuals for which Contributions are made to the Pension Plan after your Retirement Date. The Contributions received after your Retirement Date will build towards a Second Retirement Benefit until your Second Retirement Date.

The earliest age you can get paid a Second Retirement Benefit is the first of the month following or coinciding with your age, 65, if you return to work before age 65. If you first become reemployed after age 65, then the earliest you can get paid a Second Retirement Benefit is the January 1 after you return to work for the first time. It works like your first Retirement Date with the Pension Plan except the age requirement is 65. The Retirement Benefit Options (except the Social Security Adjustment Benefit) and Deadlines are the same. You will need to apply for Second Retirement Benefits. Second Retirement Benefits are not paid automatically until the law requires it, usually after age 70-1/2. Your Second Retirement Benefit is paid separately.

The Second Retirement Benefit Application is not available on the website. You must contact the Pension Department and they will prepare the document for you.

You should make an appointment to meet with the Pension Benefits Department, and you may bring a financial advisor to assist you should you desire.

Each Second Retirement Benefit Application is prepared exclusively for you at your request. You should make an appointment for Second Retirement counseling with the Pension Benefits Department at least two months prior to your desired Second Retirement Date. Contact us by mail, fax, or phone.

You must submit your completed Second Retirement Benefit Application packet so that the Administrative Office receives it by at least 31 days, but no more than 180 days, prior to your desired Second Retirement Date. This is required by law.

Second Retirement Dates are always the first of a month. Second Retirement Benefit payments are made on the first of each month for that month. Your check will be mailed the business day prior to the first of a month. Or, if you choose to have your benefit payments electronically transferred to your account, the transfer will occur on the first business day of the month. If the first of a month falls on a Holiday or weekend, the timing of your benefit payment will be affected.

ADDITIONAL BENEFITS FROM RE-EMPLOYMENT

Your pension benefit will continue to grow if you return to work after your Retirement Date or Second Retirement Date if you were less than age 65 when you first retired. This additional benefit will be payable effective the January 1 following your reemployment. You don't have to apply for the benefit; it will just get added to what you have been getting. The Retirement Benefit Option on the additional benefit is the same as the one from your last retirement date.

X. COMMUNICATIONS

The PWGA has many ways of communicating with you! Here are some of the ways we keep you informed and in the know.

HEALTH FUND STATEMENT

Once a year, we send you your personal Health Fund statement based on the timing of your earnings cycle. Your Health Fund Statement is sent to you in the last quarter of your earnings cycle and a quarter before your eligibility ends. This statement details the health fund earnings we have received on your behalf in your current earnings cycle.

Please look over your statement very carefully. If you discover a discrepancy, please contact Employer Compliance at the PWGA.

PENSION STATEMENTS

We also send you two pension statements a year, one in April/May and the second in October. These statements will detail your pension earnings we have received on your behalf within each year. Please look over your statement very carefully.

If you discover a discrepancy, please contact Employer Compliance at the PWGA.

ANNUAL FUNDING NOTICE

The PWGA sends out an Annual Funding Notice to all its participants. This notice describes the health of the Pension Plan in great detail.

WEBSITE

Our website, www.pwga.org is a treasure trove of information. The PWGA posts periodic articles of interest on the website's front page so please check in with us from time to time. You will find the information useful and very helpful.

You can create a personal account with a user name and password. With your own personal account, you can view your EOB's, print them out for your records, check your eligibility status and pension contributions and monitor your earnings.

EMAIL BLASTS

The PWGA sends out informational email blasts from time to time. Our helpful email blasts include timely information like going paperless and getting your EOB's from our website.

OTHER PWGA COMMUNICATIONS

The PWGA sends out notices whenever there is a change in Health Fund coverage, when a new item is covered or an existing one is no longer covered. This type of notice is called a Summary of Material Modification (SMM).

The PWGA also sends out a notice whenever the qualifying minimum for Health Fund increases to a new minimum. Any increase in the minimum for eligibility typically occurs beginning in the third quarter of any given year.

XI. Where To Go When You Need Help

Here is a list of helpful Departments at the PWGA including their phone numbers and general email addresses:

Eligibility
(818) 846-1015 - ext. 605
eligibility@pwga.org

Claims/Participant Services
(818) 846-1015 - ext. 602
Participantservices@pwga.org

Pension Benefits
(818) 846-1015 - ext. 604
pensionbenefits@pwga.org

Employer Compliance
(818) 846-1015 - ext. 603
Employercompliance@pwga.org

Contributions
(818) 846-1015 - ext. 608
contributions@pwga.org

We are reachable by phone Monday through Friday from 8:30am to 5:00pm.

You can email us at any time!

Our toll free number is (800) 227-7863 or you can reach us at our local number: (818) 846-1015.

Also, please be sure to update us on your life events – change of address, change of phone and/or email address, marriage, divorce, birth of a child, etc.

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