

AFM REMITTANCE FORM LS-1-R

Employer Name: _____

Employer Identification Number or Social Security Number: _____

Date of Engagement:

Musician's Name (Last, First, Middle Initial)	Address	Social Security #	Pensionable Compensation	Non- Pensionable Compensation	Pension Contribution
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
		TOTAL:			

For additional musicians, attach another copy of this page showing the names related information for the additional musicians.

Additional Provisions of the Agreement Governing Pension Contributions

- The Employer's designation of a third party designee (e.g. a payroll company) to make contributions on its behalf does not relieve the Employer of its obligation to make contributions under this Agreement.
- If the Employer makes contributions to the Fund under this Agreement on behalf of any owner or part-owner of the Employer, (or designates a third party to make such contributions) it must provide the Fund with a valid certificate on incorporation.
- By making contribution on behalf of an individual, the Employer warrants that it has determined that the individual is an employee covered by the Agreement.
- The Employer agrees to be bound by the Agreement and Declaration of Trust Establishing the American Federation of Musicians and Employer's Pension Fund (as it may be amended from time to time), which is incorporated by, reference into this Agreement.
- If the Union is not party to the Fund's "Cash Receipts Procedures for Locals that Receive Pension Contributions Directly from Employers," all contributions to the Fund and remittance form must be sent directly to the Fund at P.O Box 19155, Newark, NJ 07195-0155.