



DATE: _____

Motion Picture Industry Pension and Health Plans
Attention: Employer Contracts
11365 Ventura Boulevard
Studio City, CA 91604

Email: employercontracts@mpiphp.org

RE: PRODUCTION TITLE IDENTIFICATION NOTICE TO THE PLANS - STUDIOS

This is to advise you of the following production titles, for which hourly contributions are due, for the month indicated below:

Period: _____ **Month:** _____ **Year:** _____

Production Title(s): _____

Any questions or inquires regarding the above should be directed to:

Name: _____
(Please Print)

Signature: _____

Title: _____

Phone Number: _____

E-mail Address: _____