

2017 LETTER OF ADHERENCE  
**WGA INFORMATIONAL PROGRAM CONTRACT**  
**SINGLE PROJECT ONLY**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Fax: \_\_\_\_\_

**TYPE OF BUSINESS ORGANIZATION STRUCTURE: *Please check all that apply***

Corporation    Nonprofit    Joint Venture    Partnership    Sole Owner    10% or More Owner    DBA/Sole Proprietor  
 State \_\_\_\_\_ Tax ID \_\_\_\_\_ Company Contact Person: \_\_\_\_\_

**BUSINESS PRINCIPALS, OWNERS, AND/OR OFFICERS:**

Name/Title: \_\_\_\_\_ Name/Title: \_\_\_\_\_  
 Name/Title: \_\_\_\_\_ Name/Title: \_\_\_\_\_  
 Name/Title: \_\_\_\_\_ Name/Title: \_\_\_\_\_

**PROJECT TITLE:** \_\_\_\_\_

**FORMAT & DESCRIPTION:** *Please list all applicable formats and briefly describe the project/writing*

\_\_\_\_\_

\_\_\_\_\_

**WRITER(S) EMPLOYED ON THIS PROJECT: *Please attach a separate sheet for additional writers***

Name: _____	Name: _____
SSN: _____ - _____ - _____	SSN: _____ - _____ - _____
Writing Start Date: _____ End Date: _____	Writing Start Date: _____ End Date: _____
Compensation: \$ _____	Compensation: \$ _____

*Please attach individual employment contracts and/or deal memos for the writer(s) employed under this letter of adherence.*

On behalf of the writer(s) employed on the above-named project, the undersigned producer for this single project only ("Company") recognizes the Writers Guild of America, East, Inc. on behalf of itself and its affiliate the Writers Guild of America West, Inc. (collectively "WGA") as the exclusive representative of writer(s) and writer(s) employed in additional capacities who are engaged by the Company to perform writing services on the above-named project. Company agrees to be bound by the terms and conditions of Article 6 ("Guild Shop"); Articles 10, 11, and 12 ("Grievance and Arbitration"); and Article 17 ("Pension Plan" and "Health Fund") of the 2017 Writers Guild of America Theatrical and Television Basic Agreement, by reference incorporated herein and available upon request. The Company also agrees to be bound by the terms and conditions of the Pension Plan and Health Fund Trust Agreements to make contributions on behalf of the writer(s) employed on the above-named project. The contribution rates for period one (5/2/17 through 5/1/18) are 8.5% of gross compensation to the Pension Plan payable to the Producer-Writers Guild of America Pension Plan and 10.5% of gross compensation to the Health Fund payable to the Writers' Guild-Industry Health Fund. The contribution rates for period two (5/2/18 through 5/1/19) are 8.5% of gross compensation to the Pension Plan payable to the Producer-Writers Guild of America Pension Plan and 11% of gross compensation to the Health Fund payable to the Writers' Guild-Industry Health Fund. The contribution rates for period three (5/2/19 through 5/1/20) are 8.5% of gross compensation to the Pension Plan payable to the Producer-Writers Guild of America Pension Plan and 11.5% of gross compensation to the Health Fund payable to the Writers' Guild-Industry Health Fund. Please contact the Pension Plan and Health Fund directly for details on making payment by calling (818) 846-1015 or visiting [www.wgaplans.org](http://www.wgaplans.org).

**Accepted and Agreed By:**

**COMPANY:**

**WRITERS GUILD OF AMERICA, EAST, INC.**  
 on behalf of itself and its affiliate,  
**WRITERS GUILD OF AMERICA WEST, INC.**

**For Producer-Writers Guild of  
 America Pension Plan & Writers  
 Guild Industry Health Fund Use Only**

\_\_\_\_\_  
 Signature Date  
 \_\_\_\_\_  
 Print Name  
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 Title

\_\_\_\_\_  
 Signature Date  
 \_\_\_\_\_  
 Print Name  
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 Title

\_\_\_\_\_  
 Signature Date  
 \_\_\_\_\_  
 Print Name  
 \_\_\_\_\_  
 Title

PLEASE SEND COMPLETED LETTER OF ADHERENCE TO:

Writers Guild of America, East, Inc. | Contracts Department | 250 Hudson Street, Suite 700, New York, NY 10013

Tel: (212) 767-7837 Fax: (212) 582-1909