

Influencer Generated Sponsored Content Agreement ("The Influencer Agreement")

Plan Code # _____ Project Title _____

Signatory Employer _____ SAG-AFTRA Production ID _____

Street Address _____

City/State/Zip _____ Product/Subject (if applicable) _____

Telephone _____ Advertiser/Client (if applicable) _____

Email _____

Contract Date _____

Pay Date _____

Social Security Number	Original Dates Worked	Name <i>Last, First, Middle</i>	Reportable Gross Compensation

Late Penalty: Payments and reports received over 30 days after the due date will be assessed liquidated damages and/or interest.

Total gross compensation subject to contributions \$ _____

Employer's contribution @ _____ % of gross compensation \$ _____

Liquidated damages if applicable @ _____ % \$ _____

Make check payable to: SAG-AFTRA Health Plan Check No. _____

P.O. Box 54867, Los Angeles CA 90054 Phone (818) 973-4472

Signature _____ Name _____ Title _____ Date _____