

American Federation of Musicians of the United States and Canada **CONTRACT** (Not for use in Canada) Form LS-1 (Only for local single engagements) **Pension and health contributions**

This Agreement for a single engagem	nent is entered into by and between Local	, AFM ("Union") and	
Engagement Date	Place of/Description of Engagement		
Local Signature	Print Name and Title	Print Name and Title Date	
Employer Signature	Print Name and Title	Date	
Optional: Employer hereby designates	to make all paym	nents covered by this Agreement.	
-	forth on the remittance form below (pensionable co ordance with the Union bylaws, but no later than thir		
pensionable compensation to the Ame	e an additional% (insert rate selected for each prican Federation of Musicians and Employers' Pensit to the Union along with a copy of this Agreement	sion Fund ("Fund"). Contributions	
PLEASE NOTE: Private teaching is	allowed only if administered through a corporation.		
~	nance(s) may be recorded, reproduced or transmitted the of a written agreement with the American Federal con or transmission.		
agreement (e.g., an American Federati	parties may set forth any other terms and condition on of Musicians Form L-1 or L-2), but the terms of between this Agreement and such other agreement.		
This Agreement will be accepted by to contribution rate and is paid in full.	the Fund only if it is complete, contains all required	1 signatures, and uses a valid	

Musician's Name	Social Security #	Gross wages	Pension (see chart)	Work Dues- 3.5% perf 2% teaching
	TOTAL:			
			Check payable to: AFM EPF	Check payable to: Local 802

NEW PENSION RATES AS OF 8/1/2018

Additional Provisions of the Agreement Governing Pension Contributions

The Employer agrees to be bound by the Agreement and Declaration of Trust Establishing the American Federation of Musicians and Employers' Pension Fund (as it may be amended from time to time) which is incorporated by reference into this Agreement.

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.

Contributions under this Agreement on behalf of any owner or part-owner of the Employer (or designates a third party to make such contributions) will be accepted by the Fund only if a valid certificate of incorporation (in the case of a corporation) or LLC Addendum (in the case of a limited liability company and available from the Fund Office) is attached to this Agreement.

By making contributions on behalf of an individual, the Employer warrants that it has determined that the individual is an employee covered by the 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 the remittance form must be sent directly to the Fund at One Penn Plaza, Suite 3115. New York, NY 10119.

If the contribution rate on the first page of the Agreement is different from one of the acceptable rates shown below, it will be automatically adjusted to the acceptable contribution rate that is next lower and the balance of the contribution will be treated as a nonrefundable administrative fee.

Valid Pension Contribution rates NEW as of 8/1/2018:

OLD	NEW - As of 8/1/18 Inclusive of new rehab fee		
4.36%	4.80%		
4.91%	5.40%		
5.45%	6.00%		
6.00%	6.60%		
6.54%	7.19%		
7.09%	7.80%		
7.63%	8.39%		
8.18%	9.00%		
8.72%	9.59%		
9.27%	10.20%		
9.81%	10.79%		
10.36%	11.40%		
10.90%	11.99%		
11.45%	12.60%		
11.99%	13.19%		
12.54%	13.79%		
13.08%	14.39%		
13.63%	14.99%		
14.17%	15.59%		
14.72%	16.19%		
15.26%	16.79%		
15.81%	17.39%		
16.35%	17.99%		