



**American Federation of
Musicians & Employers'
Pension Fund**

AFM FORM LS-1 AND AFM REMITTANCE FORM LS-1-R
Line by Line Instructions

Front of Form – AFM Form LS-1

The AFM Form LS-1 can not be used for any electronic media work, including broadcasts.

- A. The Local Number of the home Local of the bandleader.
- B. The name of the Employer. This is similar to the information in item S. In the case of a corporate employer, the corporation name should be shown here. In the case of a Sole Proprietor, the Sole Proprietor's name should be shown here.
- C. The date or date range, not more than 31 days in length, on which or during which the engagement(s) reported on the LS-1 occurred.
- D. A description of the venue at which the engagement(s) reported occurred (i.e. Wedding at Hilton Hotel).
- E. The signature, name, title and date of signature of the home Local representative that is accepting the LS-1 on behalf of the Union.
- F. The signature, name, title and date of signature of the Employer. In the case of a corporation, the authorized representative of the employer should sign his/her name and provide their title.
- G. The name of the individual or entity (if any) that has been authorized by the Employer to remit, on the Employer's behalf, pension contributions to the Fund. If pension contributions are not paid, the Employer is not relieved of his obligation to pay pension contributions by delegating this responsibility.
- H. The percentage of covered scale wages to be paid to the Fund as pension contributions. The Fund accepts contribution rates as low as 4% and as high as 15% for local single engagements. The wage, as reflected in the Pensionable Compensation box is the scale wage for pension purposes. Under the Rehabilitation Plan additional contributions are called for. Please see the accompanying chart on page 2 (items Q and R).
- I. Names of the musicians that were employed by the Employer for the reported engagement(s). Only individual, not Personal Service Corporation names, should be listed here. Contributions under this Agreement on behalf of any owner or part-owner of the Employer (or designates a third party to make such contributions) may 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 the LS-1. Pension contributions must be paid for every musician who performs on the engagement, including nonunion and foreign nationals.
- J. The correct Social Security Number of the individual listed in item I. Canadian SIN numbers or Federal Employer Identification numbers should not be listed here.
- K. The wages considered scale for this engagement. This is the wage amount that will be subject to the pension contribution rate shown in item H.

- L. Any additional compensation paid which is not subject to pension. This might be payments such as cartage, overscale compensation or expense reimbursement.
- M. The required pension contribution to be paid for wages shown in item K. This should be Item H multiplied by Item K.
- N. Total pensionable compensation for the engagement (item K) for all musicians who performed on the engagement.
- O. Total non-pensionable compensation for the engagement (item L) for all musicians who performed on the engagement.
- P. Total pension contributions (item M) for all musicians who performed on the engagement. This should be equal to Item H multiplied by Item N. This will be the same amount as the check paying pension contributions for the reported engagement(s) that is required to be submitted to the Fund attached to a complete and accurate Form LS-1.
- Q. Check box should match the percentage amount listed on page 1 (item H) for engagement dates occurring August 1, 2018 and later.
- R. Check box should match the percentage amount listed on page 1 (item H) for engagement dates occurring April 1, 2011 through July 31, 2018.
- S. The name of the Employer. This is similar to the information in item B. In the case of a corporate employer, the corporation name should be shown here. In the case of a Sole Proprietor, the Sole Proprietor's name should be shown here.
- T. The Social Security Number of the Employer, in the case of a Sole Proprietor or the Federal Employer Identification Number in the case of corporate employers.
- U. This should be the same as item C.

(Note: For Items I through M attach additional sheets if necessary)

Contributions under this Agreement on behalf of any owner or part-owner of the Employer (or designates a third party to make such contributions) may 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 form.

The complete and accurate Form LS-1 and Form LS-1-R, if applicable, with all necessary attachments and the check paying pension contributions, made payable to "AFM & EP Pension Fund", should be delivered to the Local office, if the Local is party to the Fund's "Cash Receipts Procedures for Locals that Receive Pension Contributions Directly from Employers ("Procedures)". If the Local is not party to the Procedures, all contributions to the Fund and the Form LS-1 and Form LS-1-R must be sent directly to the Fund at:

AFM & EP Fund
P.O. Box 2673
New York, NY 10117-0262

Pension contributions must be paid no later than 30 days after the engagement. If a pension contribution is paid later than this date the contributions will be subject to a late payment interest charge.



American Federation of Musicians of the United States and Canada

CONTRACT

Form LS-1 (Only for local single engagements on and after June 1, 2010)

(Not for use in Canada)

This Agreement for a single engagement is entered into by and between Local _____ A _____, AFM ("Union") and _____ B _____ ("Employer").

Engagement Date _____ C _____ Place of/Description of Engagement _____ D _____

Local Signature _____ E _____ Print Name and Title _____ E _____ Date _____ E _____

Employer Signature _____ F _____ Print Name and Title _____ F _____ Date _____ F _____

Optional: Employer hereby designates _____ G _____ to make all pension contributions covered by this Agreement.

Compensation: Compensation is set forth on the remittance form below (pensionable compensation plus non-pensionable compensation) and shall be due in accordance with the Union bylaws, but no later than thirty (30) days after the engagement.

Pension: The Employer will contribute an additional _____ H _____% (insert rate selected from Page 2) of each employee's pensionable compensation to the American Federation of Musicians and Employers' Pension Fund ("Fund"). Contributions will be made by check payable to "The American Federation of Musicians and Employers' Pension Fund" and will be sent to the Union along with a copy of this Agreement within thirty (30) days after the engagement.

Recording: No portion of the performance(s) may be recorded, reproduced or transmitted from the place of performance in any manner whatsoever, in the absence of a written agreement with the American Federation of Musicians relating to and permitting such recording, reproduction or transmission.

Other Terms and Conditions: The parties may set forth any other terms and conditions of the engagement in a separate agreement (e.g., an American Federation of Musicians Form L-1 or L-2), but the terms of this Agreement will govern to the extent that there is any contradiction between this Agreement and such other agreement.

Musician's Name (Last, First, Middle Initial)	Social Security Number	Pensionable Compensation	Non- Pensionable Compensation	Pension Contribution (Pensionable Compensation multiplied by pension rate shown above)
For additional musicians use page 3 and/or attach additional pages showing all required information				
1) I	J	K	L	M
2)				
3)				
4)				
5)				
6)				
7)				
8)				
	TOTAL:	N	O	P

This Agreement will be accepted by the Fund only if it is complete, contains all required signatures, uses a valid contribution rate and is paid in full.

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 P. O. Box 2673, New York, NY 10117-0262.
- 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:

Acceptable contribution rates for engagements occurring August 1, 2018 and later

Select one

Q	4.80%
	5.40%
	6.00%
	6.59%
	7.19%
	7.79%
	8.39%
	8.99%
	9.59%
	10.19%
	10.79%
	11.39%
	11.99%
	12.59%
	13.19%
	13.79%
	14.39%
	14.99%
	15.59%
	16.19%
	16.79%
	17.39%
	17.99%
	18.58%
	19.18%

Acceptable contribution rates for engagements occurring April 1, 2011 through July 31, 2018

Select one

R	4.36%
	4.91%
	5.45%
	6.00%
	6.54%
	7.09%
	7.63%
	8.18%
	8.72%
	9.27%
	9.81%
	10.36%
	10.90%
	11.45%
	11.99%
	12.54%
	13.08%
	13.63%
	14.17%
	14.72%
	15.26%
	15.81%
	16.35%
	16.90%
	17.44%

**AFM REMITTANCE FORM
LS-1-R Continuation Sheet**

Employer Name S _____

Employer Identification Number or Social Security Number _____ T _____

Engagement Date ____ U _____

Musician's Name (Last, First, Middle Initial)	Social Security #	Pensionable Compensation	Non- Pensionable Compensation	Pension Contribution
9) I	J	K	L	M
10)				
11)				
12)				
13)				
14)				
15)				
16)				
17)				
18)				
19)				
20)				
	TOTAL:	N	O	P