



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 _____, AFM ("Union") and _____ ("Employer").

Engagement Date _____ Place of/Description of Engagement _____

Local Signature _____ Print Name and Title _____ Date _____

Employer Signature _____ Print Name and Title _____ Date _____

Optional: Employer hereby designates _____ 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 _____% (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) For additional musicians use page 3 and/or attach additional pages showing all required information	Social Security Number	Pensionable Compensation	Non- Pensionable Compensation	Pension Contribution (Pensionable Compensation multiplied by pension rate shown above)
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
TOTAL:				

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, please indicate, by checking the appropriate box, the rate to be used for this LS-1:

For engagements occurring:

8/1/2018 and later*	4/1/2011 to 7/31/2018**
<input type="checkbox"/> 4.80%	<input type="checkbox"/> 4.36%
<input type="checkbox"/> 5.40%	<input type="checkbox"/> 4.91%
<input type="checkbox"/> 6.00%	<input type="checkbox"/> 5.45%
<input type="checkbox"/> 6.59%	<input type="checkbox"/> 6.00%
<input type="checkbox"/> 7.19%	<input type="checkbox"/> 6.54%
<input type="checkbox"/> 7.79%	<input type="checkbox"/> 7.09%
<input type="checkbox"/> 8.39%	<input type="checkbox"/> 7.63%
<input type="checkbox"/> 8.99%	<input type="checkbox"/> 8.18%
<input type="checkbox"/> 9.59%	<input type="checkbox"/> 8.72%
<input type="checkbox"/> 10.19%	<input type="checkbox"/> 9.27%
<input type="checkbox"/> 10.79%	<input type="checkbox"/> 9.81%
<input type="checkbox"/> 11.39%	<input type="checkbox"/> 10.36%
<input type="checkbox"/> 11.99%	<input type="checkbox"/> 10.90%
<input type="checkbox"/> 12.59%	<input type="checkbox"/> 11.45%
<input type="checkbox"/> 13.19%	<input type="checkbox"/> 11.99%
<input type="checkbox"/> 13.79%	<input type="checkbox"/> 12.54%
<input type="checkbox"/> 14.39%	<input type="checkbox"/> 13.08%
<input type="checkbox"/> 14.99%	<input type="checkbox"/> 13.63%
<input type="checkbox"/> 15.59%	<input type="checkbox"/> 14.17%
<input type="checkbox"/> 16.19%	<input type="checkbox"/> 14.72%
<input type="checkbox"/> 16.79%	<input type="checkbox"/> 15.26%
<input type="checkbox"/> 17.39%	<input type="checkbox"/> 15.81%
<input type="checkbox"/> 17.99%	<input type="checkbox"/> 16.35%
<input type="checkbox"/> 18.58%	<input type="checkbox"/> 16.90%
<input type="checkbox"/> 19.18%	<input type="checkbox"/> 17.44%

*This rate is inclusive of the 10% increase in the rate of contribution required by the Fund's Rehabilitation Plan June 2018 Update. 9.09% of the contribution rate will not be considered when calculating future benefit payments.

**This rate is inclusive of the initial 9% additional contribution amount required by the Fund's original 2010 Rehabilitation Plan

AFM REMITTANCE FORM LS-1-R Continuation Sheet

Employer Name _____

Employer Identification Number or Social Security Number _____

Engagement Date _____

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