

EXHIBIT I

STANDARD SIDELETTER REGARDING MPI PLANS PARTICIPATION AND IAP PERCENT CONTRIBUTION ELECTION FORM

The parties below acknowledge and agree that, in accordance with the terms and conditions of the Resolution Regarding MPI Plans As Home Plans (the "Resolution"), attached and incorporated by reference herein, the undersigned Employee will participate in the Motion Picture Industry Health Plan (both the Active Fund and the Retiree Fund), Motion Picture Industry Pension Plan and Motion Picture Industry Individual Account Plan (collectively, MPIPHP), and will not participate in the Away Plans with respect to the undersigned Employer's employment of Employee ("Applicable Employment") on the following production for the following production company:

“ _____ ”

Name of Production

Name of Production Company

Production City, State

The parties agree that the Employer will contribute to the MPIPHP at the rates in effect on the effective date of this sideletter under the Producer-IATSE Basic Agreement for each work hour guaranteed employee by such employer or each hour worked by employee for such employer, whichever is greater, under the terms of the applicable collective bargaining agreement, including straight time and overtime hours on any day worked. Upon notice by the Employer to the MPI Plans and the Away Plans, which shall be sent prior to the first date on which contributions are due under the rules of the Trust for the Employee's employment, the Employer will not be required to make contributions to the Away Plans for the Applicable Employment.

The parties agree that the Employer will make contributions only to the MPIPHP on behalf of the Employee during the duration of the Employee's employment on the aforementioned production and will commence making contributions from the first hour worked on that production through the last hour worked or guaranteed, including pre- and post-production covered work.

The parties acknowledge that the provisions of this Standard Sideletter are limited to hourly and compensation-based contributions (if any) only and that participation of employee in the MPI Plans will be ignored for purposes of employer's obligations, if any, with respect to the Post '60 and Supplemental Markets provisions.

The Employee hereby represents that at the time this sideletter is executed, the Employee is 100% vested in the Motion Picture Industry Pension Plan.

The Employer and the Away Local acknowledge that they will be considered Employer and Union parties, respectively, to the MPI Plans. In addition, the Employer must be a party to the MPI Plans and have executed and submitted to the MPI Plans a Trust Acceptance document and any other documents required by the MPI Plans.

In addition to making hourly-based contributions to the Individual Account Plan ("IAP"), the Employer will make compensation-based contributions to the IAP based upon the scale minimum rate for the employee's classification set forth in the applicable West Coast Studio Local Agreement.

The parties understand that it is the Employer's responsibility to send a copy of this sideletter and the applicable collective bargaining agreement to the Motion Picture Industry Pension and Health Plans at the address below and to the Away Plans in advance of contributions being made. Failure to do so will nullify the redirection and contributions will instead be remitted to the Away Plans.

The parties understand that before any contributions are made on the Employee's behalf to the Home Plans, the Employee must: (i) provide sufficient and appropriate evidence to his Employer

that the Employee is 100% vested in the Motion Picture Industry Pension Plan; and (ii) ensure that this document with original signatures is submitted to the Employer.

EMPLOYEE WAIVER: EMPLOYEE MUST INITIAL HERE: _____ Employee agrees he or she is voluntarily and irrevocably electing to participate in MPIPHP and waiving his or her right to participate in the Away Plans for all Applicable Employment. Employee understands that Employee will earn no benefits or contributions, eligibility, credited hours or any other credits (including without limitation retiree health credits) under the Away Plans for the Applicable Employment. Employee further acknowledges that Employee has had an opportunity to review the various summary plan descriptions of MPIPHP and Away Plans.

The Employee is responsible for obtaining the following signatures. No contributions will be accepted by the MPI Plans unless the Employer receives all appropriate documentation with appropriate signatures from the Employee sufficiently in advance of the date on which the Employer must first make pension, health and IAP contributions on behalf of the Employee and until this document is received by the MPI Plans.

Employer Information		
By	Title	Date
Contact	Address	Phone #

Employee Information			
Employee Name	SSN	Date	Home Local
Employee Signature	Address	Phone #	

Copies of this document must be submitted to both the Away Plan and to:

Motion Picture Industry Pension and Health Plans
P.O. Box 1999
Studio City, CA 91614-0999
Attn: Home Plan