

Stage Manager Packet

Information, Reports, Forms





Stage Manager General Information

Please acquaint yourself with the various forms and information sheets to assist you in your duties so that you may assist both Equity Members and Management in adhering to the Equity Shop Policy.

Deputy Election: Equity Rules provide that a Deputy shall be elected and functioning at all times in each company. Generally, the time necessary for the election shall be set aside immediately following the first break of the first rehearsal; check your rulebook for details. The Stage Manager is requested to conduct this election and have the Equity Members sign the enclosed Deputy Election Sheet(s) and send them to Equity. If the Deputy leaves the company, please hold another Deputy election immediately and submit the results of this election to Equity.

Stage Manager's Weekly Report: In the event of a breach or infraction of Equity Rules by either Actor or Manager, the Stage Manager shall furnish Equity a record of the violation on the proper enclosed form. Many Managers have complained about infractions of rules by Actors that seem too minor to report to Equity, such as tardiness at rehearsals or performances, improper care of costumes, and taking liberties with the direction during performance. Until now, the Stage Manager has been somewhat hampered in dealing with these problems as the discipline of Equity Members must ultimately remain with Equity. We hope that the Stage Manager's Weekly Report will truly reflect the actual conduct of both Actors and Managers at your theatre, and will assist you in performing your duties.

Health: Most Equity Rules provide that the Manager will make weekly contributions to the Equity-League Health Trust Fund for all Equity Members in his employ. Performers who are working under contract for the first time should complete the **First Rehearsal Questionnaire** included in the Stage Manager Packet. *Please note: the Health Fund Enrollment cards have been discontinued.*

Non-Professionals: If your production allows for non-professionals, prior to the first rehearsal, check with the Management to be sure that all non-professionals have signed a non-professional affidavit. This is to protect both the non-professional actor and the Management.

Accident or Injury: For insurance purposes, it is imperative that any and all accidents or injuries sustained during the course of rehearsals and/or performances be carefully noted in writing, reported to the Manager, and to the Worker's Compensation Insurance Carrier on the required Insurance Report Form. The Actor should be also made aware of his rights under the Rule titled Illness and Injury, and the proper forms filed. Please report all accidents or injuries to Equity on the back of your Stage Manager's Weekly Report Forms. Also, please be sure the Deputy fills out the Accident Report Form included in the Deputy kit. Actors should **not** use an Equity Insurance Form in the event of an accident or injury on the job.

Unemployment Insurance: Many companies are registered with the Unemployment Office under a name other than the one by which they are usually known. For the convenience of all Equity Members, please secure from the Manager the correct title of the company as it is registered with the Unemployment Office and their employment number and post this on the call board for the entire season.

Raked Stages: As you may know, Actors' Equity Association is currently examining the effects working on a raked stage may have on our members. As the Stage Manager, please help us track rake-related injuries by assuring that they are properly reported. Both acute injuries and chronic symptoms (also sometimes called "repetitive stress injuries") should be reported through either Stage Management or Company Management, using the appropriate forms – both a "C-2 form" and an Equity Incident/Accident Report.

A recent study on raked stages discovered that the most common types of injuries are injuries to the lower extremities, the neck, and the back.

If you believe that the choreography, musical staging, and/or blocking of your production puts the Actors in the company at an increased risk of injury, please contact your Business Representative as soon as possible.

In addition, please inform your Business Representative immediately if your production demonstrates a high rate of injury.



Responsibilities of the Actor

Please Post

Please Post

Equity requires management to meet all of its responsibilities under its contract with Equity. In turn, members have certain professional responsibilities to the producer, to the production and to fellow Equity members. All Equity members **must**:

- Be on time for all rehearsals and half-hour calls
- Notify the Stage Manager as soon as possible, and certainly before half-hour, if ill or unable to reach the theatre on time
- Remember that, even though places for each act will be called, you alone are responsible for all of your entrance cues
- Observe all reasonable rules of the management not in conflict with Equity rules
- Cooperate with the Stage Manager and Assistant Stage Managers, Dance Captain and Fight Captain
- Take proper care of, and make no unauthorized changes in, your costumes, props, or make-up
- Maintain your performance as directed
- Appear at curtain calls in complete costume and make-up
- Go to your Deputy in cases of disagreement. If a disagreement cannot be resolved by the authorities backstage, refer it to the appropriate Equity Business Representative

Your Stage Manager is obligated to report violations to Equity and Equity will, when necessary, call before a Membership Relations Committee any member who violates these rules.

Discipline is a sign of professionalism. Please maintain a professional attitude at all times.

Office of the Executive Director



Stage Manager Weekly Report

Do not file with Equity unless there is a violation.

Name of Theatre:

Date:

Violations by Actor

- List the name of the Actor
- Type of violation (lateness for half-hour, altering directions, etc.)
- Indicate in column 1 if sufficient explanation given so that violation should be considered excused (**E** for excused, **U** for unexcused)
- Has the Actor been spoken to about this type of violation before? Indicate in column 2 (**R** for repeated, **1** for first time, **2** for second time, etc.)

| Actor | Violation | 1 | 2 |
|-------|-----------|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Violations by Manager

List only violations by Manager that have not been corrected after being informed by you, the Deputy or Equity.

Signed: _____
(Stage Manager)

(Use reverse side for remarks.)



Theatrical Smoke and Haze Report

If your production utilizes any theatrical smoke and haze, please complete this report and return it to your Equity Business Representative BEFORE THE OFFICIAL OPENING. The purpose of this report is to ensure that all theatres are following either the EQUIPMENT-BASED GUIDELINES FOR THE USE OF THEATRICAL SMOKE AND HAZE (Time and Distance Calculations) or the AIR SAMPLING PROTOCOL created by Environ International Corporation. This report is also used to monitor any adverse effects related to the use of smoke and haze products.

| | | | |
|--------------------------------------|-----------|-----------------|--|
| Date: | Contract: | | |
| Name of Show: | | | |
| Name of Theatre: | | Number in Cast: | |
| Name of Stage Manager (Please Print) | | | |
| Stage Manager Contact Number: | | | |

Adverse Effects: List any adverse effects suffered by Actors and/or Stage Managers:

| Symptoms: | Number of Actors/SMs: | Symptoms: | Number of Actors/SMs: |
|---|-----------------------|--|-----------------------|
| <input type="checkbox"/> Headache | | <input type="checkbox"/> Itchy Eyes | |
| <input type="checkbox"/> Nausea | | <input type="checkbox"/> Strained Eyes | |
| <input type="checkbox"/> Runny Nose | | <input type="checkbox"/> Blurry Vision | |
| <input type="checkbox"/> Stuffy Nose/Congestion | | <input type="checkbox"/> Sore Throat | |
| <input type="checkbox"/> Cough | | <input type="checkbox"/> Chest tightness | |
| <input type="checkbox"/> Wheezing | | <input type="checkbox"/> Shortness of breath | |
| <input type="checkbox"/> Other | | | |

Additional Comments:

Identity and Use of Smoke/Haze Products

If there is more than one type of product being used, please fill out this report for each product.

| | |
|---|--|
| Manufacturer | |
| Machine | |
| Name of Fluid | |
| Attachments (i.e., chiller, etc.) | |
| Setting Being Used (On, Full, Med) | |
| Location of Machine | |

Section A – Time and Distance Calculations/Blocking Actors to Insure Safety

| | |
|--|--|
| What is the height (in feet) between the stage floor and the product's release point**? | |
| What is the distance (in feet) between the centerline of the stage and the product's release point**? | |
| What is the overall smallest distance (in feet) between the product's release point* and the Actor nearest to the product's release point**? | |

| During each cue, what are the lengths (in seconds) of each theatrical smoke and haze cue, what is the distance (in feet) between the product's release point* and the dissipation time between cues (in seconds)? Please list below and/or attach a cue sheet. | | | |
|--|-------------------------|-----------------|---|
| Smoke/Haze Cue # | Length of Cue (seconds) | Distance (feet) | Dissipation Time Between Cues (seconds) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

* The release point is where the smoke and haze comes out of the product's machine.

Section B – Using a Portable Monitor to Insure Safety

Before testing, the portable aerosol monitor must be calibrated with the appropriate calibration factor for accurate results. No raw data will be accepted.

After testing, the logged data from the portable aerosol monitor must be transferred to a computer with printing or emailing capability. The manual for the portable aerosol monitor will explain the necessary steps in how to transfer the logged data. Once transferred, the logged data can then be printed and attached to your smoke/haze report. Please email or fax or mail this report to your Equity Business Representative. If you have any questions, please contact your Equity Business Representative.

If there are any changes, please contact Actors' Equity immediately.



Grievance Form

For use only in filing a grievance or claim against your employer.

| | | | |
|---------------------------|-------|---------------------------|--------------|
| Grievant: | | Temporary Street Address: | |
| City: | State | Zip | Phone: |
| Permanent Street Address: | | | |
| City: | State | Zip | Phone |
| Producer: | | Contract: | Theatre Name |
| Theatre Street Address: | | | City: |
| State: | Zip | Phone: | Play |

Instruction for preparing grievance: In setting forth any grievance, claim for money or other contract violation, please be as specific as you can with respect to names, dates, places, facts, etc. If known, cite rule or rules, which have been violated. Where a claim for money is made, compute the amount of the claim if it is known or can be conveniently done. Before filing your grievance, discuss it with your Deputy and Stage Manager. They may be able to resolve it.

Information on filing grievance: This grievance must be delivered to an official representative of Equity (not the Deputy). It can also be mailed directly to the Union. If you are dissatisfied with the final resolution of your grievance, it may be appealed to the Council. It is every member's right to appeal determinations which are deemed unsatisfactory.

Nature of grievance or claim (continue on reverse side, if necessary):

Signature of Grievant

Date

Have you discussed this grievance with your deputy?

Rev.12/02



First Rehearsal Questionnaire

In order to keep accurate records of all performers and stage managers, we appreciate you taking a moment to complete the following form. *Please return to your Equity Business Representative or Stage Manager.*

This information is treated in the strictest of confidence and Equity rules prohibit its release to unauthorized parties.

Is this your first Equity contract? Yes ☐ No ☐

If yes, please complete the form below. Existing members should only complete this form if they would like to report new or changed information.

1. Personal Information

| | |
|---|-------------------|
| Name: | Member ID: |
| Country of Citizenship (optional): | |

2. Contact Information

| | | | |
|---|-------------------------|---------------|-----------------|
| Have you recently changed phone numbers, mailing or email addresses? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| <i>If yes, please complete the following section.</i> | | | |
| Mailing Address: | | | Apt: |
| City: | State: | Zip: | Country: |
| Private Phone: | Referral Phone*: | Email: | |

** Provide an agent's number, service number, or other contact that you wish to authorize for release to bona fide employers or casting agents.*

3. Pension/Health/401k Information

First time Equity contract employees only. This information is critical to administering benefits.

| | | | | | | | | | | | |
|--------------------------------|--|--|--|----|--|--|----|--|--|--|--|
| Social Security Number: | | | | -- | | | -- | | | | |
| Date of Birth: | | | | | | Equity-League Pension, Health, and 401(k) Funds Use Only | | | | | |

4. Agency Information

| | | | |
|--|--|-----------------------------------|--|
| Are you signed with an Equity Franchised Agent? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you working freelance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Agency Name: | | Agency Phone: | |
| Type of Agency Agreement: <input type="checkbox"/> Signed Exclusively for Equity Work <input type="checkbox"/> Signed for This Job Only <input type="checkbox"/> Not Applicable | | | |

Equity Use Only

Route to: Membership Dept. ☐ Agency Dept ☐ Business Rep ☐ Equity-League Funds ☐



Theatrical Firearms Questionnaire

If your production uses theatrical firearms, please complete this questionnaire and return it to your Equity Business Representative as soon as possible. (Note: For long-running productions, this form must be filled out every six (6) months.)

The Producer has an obligation under the Collective Bargaining Agreement with Actors' Equity Association to provide a safe place of employment. Pursuant to Equity's right to check the Producer's compliance with that provision of the Collective Bargaining Agreement, we have devised the following checklist for you to use to see if the Producer is undertaking minimally prudent safeguards when firearms are used in a production.

| | | |
|--|-----------------|-------|
| Name of Show: | | |
| Contract: (e.g., Production, LORT, COST, etc.) | | |
| Name of Theatre: | Number in Cast: | Date: |
| Stage Manager: | Deputy: | |

Firearms Rehearsals

It is essential that appropriate firearms rehearsals are held to insure the Actors' safety. Please confirm whether such rehearsals have taken place. If, for any reason, it is not possible to hold such rehearsals, Actors' Equity must be notified immediately.

Identify all Firearms

| | | | |
|---|---------------|---------------|----------------------------------|
| Please identify make or model and caliber used: | | | |
| What kind of blank is being used (e.g. type and load)? | | | |
| Are rehearsals to check firearms held regularly? | Yes | No | Weekly? Daily? Each performance? |
| Have the firearms been recently certified? | Yes | No | If so, when? |
| How often are the firearms cleaned? | Wet cleaning? | Dry cleaning? | |
| Who is in charge of the firearms and where are they stored? | | | |
| Is the ammunition stored separately? If yes, where? | | | |
| Who is the Weapons Coordinator? What are their credentials? | | | |

Use in Production

Please identify how the firearms are used. Attach additional pages, if necessary.

| Act/Scene | Number of Shots | Activity of Actors |
|-----------|-----------------|--------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

If any Actor experiences any adverse effects from the use of firearms during the run of the production, please notify Actors' Equity immediately. Possible adverse effects include powder burns, errant particles (e.g., a piece of casting that is propelled from the gun when fired), and eardrum problems. Also, please ensure any such injury is reported to Workers Compensation.

Please provide any other information you feel would be helpful. Attach additional pages, if necessary.



Report of TV News Taping/Filming

Return completed report to your Equity Business Representative

Date

The production of _____ at _____
(Production Name) (Theatre)

in _____ was either: filmed
(City) video taped or
audio recorded

for television news purposes under terms of the _____ contract on this date.

- A. Recording/filming took place at a rehearsal performance .
- B. Cameras were present and operating for _____ minutes.
- C. Notice of the session was posted by the management on _____.
- D. Taping/Filming was done by the producer for the creation of news footage Yes No
or
Taping/Filming was done by outside News/Talk program Yes No
- E. Represented at this session were:

| | | | |
|-------------------------|-----------------|-------|---------|
| News/Talk Program _____ | Air date: _____ | Local | Network |
| News/Talk Program _____ | Air date: _____ | Local | Network |
| News/Talk Program _____ | Air date: _____ | Local | Network |
| News/Talk Program _____ | Air date: _____ | Local | Network |

| | |
|------------------|-------|
| Stage Manager | _____ |
| Principal Deputy | _____ |
| Chorus Deputy | _____ |
| Chorus Deputy | _____ |

Please use reverse for additional comments.



Important Information

Please Post

Please Post

Juvenile Votes: When a company vote is taken during a company meeting and there are children in the Equity company, Council policy provides that, if the child is less than 14 years old, the parent may be present to advise the child. The cast meeting will not be delayed, however, if a parent is not available.

Filming and Taping: All Equity contracts contain specific prohibitions against the making of audio and/or visual recordings of equity productions. Equity contracts also identify recordings that are expressly permissible. Accordingly, you should always consult your Equity contract prior to any recording. In addition, please remember the following:

- Make sure you have signed a proper Equity release form or rider before participating in any recording or filming that is not expressly permitted in your contract (including the reference contract.)
- Notify Equity immediately if any unauthorized taping or filming takes place.
- To avoid penalties for unauthorized taping or broadcasting, please consult your Equity Business Representative before you make **any** recording.

Notices of Termination: Upon giving individual notice, whether it be by the Actor or Manager, both parties must submit a copy of the notice in writing to Equity. Please do not fail to comply with this rule in all instances.

Stunts: It is important that notice be given immediately to the Equity office whenever stunts, special effects, or business that may be dangerous is contemplated or is being rehearsed or performed. **Timely notice to Equity can help prevent injuries.** Your cooperation on this will be appreciated.

Redress of Grievances: The Council of Actors' Equity Association is anxious that you know the avenues open to you when seeking information or redress of grievances. You should initially try to solve your problems through the appropriate Equity Business Representative. Should the question not be answered and/or the problem not be solved to your satisfaction by the Business Representative, it is your right to seek recourse via the appropriate Senior Business Representative. If there still is not a satisfactory answer or solution, you should put the details in writing to the Regional Director. If even this does not prove satisfactory, you have the right to appeal to the appropriate Regional Board. Please remember that all inquiries, complaints and information will be treated with strictest confidentiality by the Equity staff. Do not hesitate to contact us on any matter.



Emergency Procedures

Please Post

Please Post

In the event of any health or safety emergency, including, but not limited to, insufficient heat or air conditioning, technical problems, leaks or fire, the Deputy or Stage Manager will immediately notify the appropriate Business Representative for the show. If the Equity offices are closed, an emergency service number will be given via tape recording. The Deputy or Stage Manager will call that number and leave the following information:

- The name and location of the production and theatre
- The contract under which the show is organized (e.g., Production, LORT, COST)
- The nature of the emergency
- The Deputy's and/or Stage Manager's name and local phone number.

A Business Representative will contact the Deputy and/or Stage Manager quickly.

Unless an Actor's health or safety is in imminent danger, no Actor is authorized to refuse to perform. A decision to cancel any performance for health or safety reasons may only be made by the President or Executive Director of Actors' Equity. Any individual Actor may refuse to work if he/she reasonably believes him/herself to be in imminent danger. Any Actor who refuses to work without prior approval of the President or Executive Director of the Association may be subject to penalties should his/her refusal lack credibility and therefore be unreasonable.

Equity Office Numbers:

New York (212) 869-8530

Chicago (312) 641-0393

Los Angeles (323) 634-1750

San Francisco (415) 391-3838



Important Notice for Closing Shows

If your current employment under this contract is drawing to a close, whether through company closing or individual termination, the following information will prove helpful. **When individual notice of termination is given, whether by the Actor or the Manager, both parties must submit a copy of the notice in writing to Equity.**

Claims: If you have any pending claims against this Producer for monies due, they must be filed within 30 days of closing to be honored. Forms for this purpose are available from your Deputy or at the Equity office.

Unemployment Insurance: If you have any problems with your unemployment insurance, contact the nearest Equity office. We can usually help.

Emergency or Legal Aid: If a situation arises in which you need emergency or legal aid, we may be of help. Check with the nearest Equity office.

Dues: Basic dues are payable in May and November. Only paid-up members are entitled to full benefits. If you do not receive your dues bill by the end of April or the end of October, please contact the Membership Department to protect your standing.

Contract Suggestions: If you have suggestions concerning the contract you have been working under, write them down and mail them to the Equity office which administered your contract. Your suggestions will be considered when the committee prepares for the next contract negotiations. (Please include your name so that we may contact you for further information. Your suggestions will be held in strictest confidence.)

Please support your union by attending National or Regional Membership Meetings. The time and location are announced in EQUITY NEWS and the Equity web site at www.actorsequity.org. Equity needs your participation.



Deputy Elections

Instructions and Election Form

To the Equity Company:

When nominating and electing our company's Deputies, please remember that the Principal Deputy represents Principal Actors and Stage Managers, and the Chorus Deputy represents Chorus Dancers and Singers.

Please consider that:

- The Deputy is the link with the union
- The Deputy has the opportunity to gain extensive knowledge about the contract under which the Company is working
- The Deputy should form an amiable working relationship with the Stage Manager to try to solve problems as they arise
- The Deputy will have direct communication with the appropriate AEA Business Representative
- The Deputy can be instrumental in protecting all Actors' and Stage Managers' rights and working conditions by communicating directly with Actors' Equity about any possible infractions

Most Actors and Stage Managers who have become involved in union activity as either Councilors, committee members or Deputies, have discovered that the more we know about our rights and our contracts, the better protected we are and the greater control we have over our working conditions. The job of Deputy is an important one from which the entire company can benefit.

The Deputy should never have any confrontations with Management. After consulting with the Stage Manager, the Deputy need only communicate with the union to ensure action. The Deputy, once elected, should call the appropriate Equity office and ask for the Business Representative who administers the Contract to establish communication and learn of any concessions granted for this production. Ask to be sent a Deputy kit, if you have not yet received one from the Stage Manager, and ask that the pre-paid postage envelopes be sent to you for weekly reports and for any correspondence with Equity.

The Deputy may call collect.

The Stage Manager will read the letter on the reverse side prior to the Deputy election, and then conduct the election. Please DO NOT sign this election form unless this letter has been read. No one shall be present at the election except those employed under the Equity contract for this production. A Deputy may be elected by voice vote or, if more than one member is nominated, by secret ballot.

We, the undersigned Equity members, who constitute a majority of the cast of the (check the applicable classification)

Principals Ensemble Singers Ensemble Dancers

of the _____ company under a _____
(type of Equity contract) located at _____ Theatre under
the management of _____ and opening on _____
do hereby elect _____ as Deputy.

Date of this election: _____

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

| | | |
|--|--------|------|
| Deputy Phone Number: | | |
| Deputy Street Address (not theatre address): | | |
| City: | State: | Zip: |



Tax Information for Actors & Stage Managers from Volunteer Income Tax Assistance (VITA)

The following lists indicate the business expense deductions to which performing artists are usually entitled. The first list includes un-reimbursed business expenses incurred “in-town,” that is, while you are working or seeking employment in your home city. The other list includes those expenses usually incurred “out-of-town,” working or seeking employment – requiring at least one overnight stay – **away** from your tax home.

NOTE: Records of all expenditures should be kept according to the category (in-town or out-of-town) to which they apply as they must be reported on separate schedules on income tax returns.

IN-TOWN EXPENSES

1. Photos and Resumes
2. Agent's/Manager's Commissions
3. Union Dues/Initiation Fees
4. Office Supplies/Stationary/Postage
5. Academy and Players Guide
6. Accompanist/Audition Expense
7. Answering Service
8. Coaching/Lessons for Performance
9. Entertainment for Business
10. Gifts for Business
11. Sheet music, records, books, tapes
12. Rehearsal clothes & maintenance
13. Tickets for Professional Research
14. Trade Publications
15. Transportation Seeking Employment

OUT-OF-TOWN-EXPENSES

1. Travel
2. Lodging Expenses
3. Meals
4. Laundry and Dry Cleaning
5. Local Transportation
6. Auto Rental for Business
7. Gasoline/Auto Repairs & Maintenance
8. Telephone Charges
9. Tips and Gratuities
10. Other Expenses related to Qualifying Travel

If you go out on a tour or get a job which will necessitate your working in another state, be sure to check with your employer as to the non-resident tax obligations imposed by the other state(s) or city(ies). Keep records, not only of what you earn in wages and per diem (if any), but the exact dates you spent in each locality. These records, along with those you have kept on your business expenses, will be beneficial to you and your tax preparer when you file your income tax returns. Provide your employer with the address at which you can be reached in January of next year and request that complete W-2 forms, reflecting your non-resident wages and withholdings, be sent to you as soon as they are available. You can usually (though not always) track down a New York employer, but getting information from a former employer in another state can take weeks, even months, especially in tax season.

The IRS does not accept estimates or approximations of any expenses. Paid receipts, canceled checks, bank and credit card statements, a detailed diary and other such documentation are required as proof of expenditures. You may claim the above-listed business expenses on your tax returns only to the extent you can **prove** you incurred them.

For more information about VITA, visit www.actorsequity.org



Work-sustained Accidents

Please Post

- If injured while rehearsing or performing or on the theatre premises, report the injury immediately to the Stage Manager or Company Manager and make certain that a Worker's Compensation Accident and Injury Report is filed with the insurance company carrying the employer's Worker's Compensation policy.
- Secure the name and address of the Producer's insurance broker or compensation carrier and relay this information to **any** doctor who treats you for this injury so that he or she may send the bills and medical reports directly to the proper party. Be sure to tell the doctor or hospital that it is a Workers' Compensation case.
- Do not use your own health insurance for work-sustained injuries.
- Your Workers' Compensation will pay a percentage of your salary up to a cap (the amount varies from state to state). In addition, the Equity-League Health fund maintains a supplemental disability policy that will increase your weekly compensation. You and your physician need to fill out a Supplemental Workers' Compensation Plan claim form and file it with Equity. Since the Supplemental Workers' Compensation Plan benefit is taxable wages and subject to voluntary income tax withholding, you should obtain a W4-S Request for Federal Income Tax Withholding from Sick Pay.
- Please note that the old system of supplementary lost time benefits, the Salary Continuance insurance policy with Mutual of Omaha, is being phased out. Equity-League now administers this benefit on its own, and offers a more substantial supplement. If your injury occurred on June 30, 2000 or before, however, you should still file a Mutual of Omaha Salary Continuance claim, rather than a Supplemental Workers' Compensation Plan claim.
- Do not use sick leave in the case of time lost due to accidents. File claims for disability benefits as indicated above. Save your sick leave for illnesses or accidents that are not covered by disability insurance.

Please Post



Work-related Injury Checklist New York Only

A copy of this information sheet should be given to any member injured while working under an Equity contract. **PROTECT YOUR RIGHTS.**

(For more detailed information see other side of this sheet)

FOR WORK-RELATED INJURIES, DOCTOR'S TREATMENT IS COVERED BY WORKERS' COMPENSATION INSURANCE

- ☐ Report the injury immediately to your stage manager.
- ☐ Make sure an accident report (C2 form) is filed by your employer and obtain a copy.
- ☐ Fill out a C-3 form and mail it to the appropriate district office of the New York State Workers' Comp Board.
- ☐ Obtain name and address of Workers' Compensation Insurance company from your Stage Manager or Company Manager.
- ☐ Give name and address of Workers' Compensation Insurance company to any doctor who treats you.
- ☐ Do not use your personal health insurance coverage. Workers' Compensation coverage for medical payments (including doctors) is immediate.
- ☐ If disabled from injury, supplemental workers' compensation coverage may apply.
- ☐ Keep a copy of every form you file and every document you receive.

FOR LOSS OF SALARY DUE TO INJURY, SUPPLEMENTAL WORKERS' COMPENSATION COVERAGE MAY BE APPLICABLE

- ☐ Obtain claim form from Actors' Equity Association: coverage is not automatic
- ☐ You do not have to use sick leave. Save your sick leave for time losses due to illness or injuries and accidents that occur off the job (unrelated to your work).

****** You will not lose all your pay for this time lost. The Supplemental Workers' Compensation Plan will reimburse you for some or all of your salary, up to a cap, for any absence of less than seven days. Thereafter, the Plan will supplement the amount you receive from Workers' Compensation, up to a cap. The cap on total weekly benefits (combined Workers' Comp and Supplemental benefits) equals 75% of Production Contract Actor minimum weekly salary.

YOUR RIGHTS AND RESPONSIBILITIES WHEN INJURED WHILE WORKING

If you are injured while working (*at rehearsal or during performance*), treatment for your injury is covered by Workers' Compensation Insurance required by state law to be provided to you by your employer (*the producer*):

- Report the injury immediately to the stage manager and get the name and address of the Workers' Compensation Insurance Company
- Make sure that an accident report is filed by your employer
- If you go to a doctor, do not use your personal health insurance: provide the name and address of your employer's Workers' Compensation Insurance Company to the doctor you visit and you will be covered by Workers' Compensation Insurance. (Make sure the doctor accepts Workers' Compensation.)

If you are disabled due to an injury that occurs while working (*at rehearsal or during performance*), you may also be covered by a Supplemental Workers' Compensation plan provided through the Equity-League Health Trust Fund. This coverage is separate from and in addition to Workers' Compensation Insurance.

- Workers' Compensation will pay you 66% of your salary up to a cap, tax-free, if you lose work due to a work-related injury. This coverage will not begin until you have been disabled for one week. Supplemental Workers' Compensation will augment this coverage to 75% of your salary, or 75% of the cap, whichever is less, (or 100% of your salary or the cap, whichever is less, if injured while performing an extraordinary risk) and will also provide coverage for short-term disability where your lost time does not exceed the waiting period for Workers' Compensation. This supplemental benefit is subject to taxes.
- The supplemental insurance will only be available if you are temporarily totally disabled.
- The disability policy provides supplementary benefits to you for the length of temporary total disability to a maximum of 150 or 260 weeks depending upon your Equity Contract provisions
- Coverage is not automatic. In order to be eligible, you must file a claim form (*which you can obtain from your Equity office*) as soon as you can after the accident. This claim is separate and different from any Workers' Compensation forms you file and must be filed with Equity

We recommend you do not use sick leave in the case of time lost due to injuries described above. File claims for Workers' Compensation and Supplemental benefits as described above. Save your sick leave for illnesses and accidents that are not covered by this insurance.

For more information contact your Equity office or go to **www.actorsequity.org**.

revised 3/3/04



Stage Manager Committee Questionnaire

In order to make your Stage Managers' Committee a more potent arm to express your will, we need your help. If you have any suggestions, recommendations, or changes you think are needed in the contract under which you are working, or which you think may be helpful in improving the existing conditions, please complete the questionnaire below and return to the appropriate Equity office.

| | | | | | |
|--|---------------|---|-------------------|---|-------------|
| Name: | | | Member ID: | | |
| | | | | | |
| Permanent Address: | | | | | Apt: |
| City: | State: | Zip: | Country: | | |
| Private Phone: | Email: | | | | |
| | | | | | |
| Current Address: | | | | | Apt: |
| City: | State: | Zip: | Country: | | |
| | | | | | |
| Equity Contract under which you are currently employed: | | | | | |
| Remarks/Suggestions: | | | | | |
| | | | | | |
| Submit this form to the Equity office corresponding to the state in which you are employed. | | | | | |
| Eastern Region | | Central Region | | Western Region | |
| AL, CT, DC, DE, FL, GA, KY, ME, MA, MS, NH, NJ, NY, NC, PA, RI, SC, TN, VT, VA | | AK, IL, IN, IA, KS, LA, MI, MN, MO, NE, ND, OK, SD, WI | | AK, AZ, CA, CO, HI, ID, MT, NV, NM, OR, TX, UT, WA, WY | |
| Actors' Equity Association Attn: Stage Manager Committee 165 W 46 th Street New York, NY 10036 212-869-8530 | | Actors' Equity Association Attn: Stage Manager Committee 125 S Clark Street, Ste 1500 Chicago, IL 60603 312-641-0393 | | Actors' Equity Association Attn: Stage Manager Committee 5757 Wilshire Boulevard, Ste One Los Angeles, CA 90036 323-634-1750 | |
| Attention Ohio Stage Managers: Stage Managers in Cleveland and other Eastern Ohio cities should remit to New York; Stage Managers in Toledo and other Western Ohio cities should remit to Chicago. Contact the Eastern or Central Regional office for confirmation. | | | | | |