

# FRINGE BENEFIT STATEMENT

FOR EMPLOYER PAID BENEFITS OTHER THAN A UNION BARGAINING AGREEMENT PLAN

Project Name \_\_\_\_\_ Project No \_\_\_\_\_

Contractor \_\_\_\_\_

This document must be completed for each non-union fringe benefit plan the contractor participates in on behalf of their employees performing work on the above project.

Plan Name: \_\_\_\_\_ Plan Number \_\_\_\_\_

Plan Type: \_\_\_\_\_

Effective Dates: \_\_\_\_\_ Through: \_\_\_\_\_

## Plan Administrator:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

## Plan Trustee/Custodian:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Employee Name or Trade Classification	Employer's Hourly Contribution
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Use additional form to list plan for all crafts, and attach any benefit schedule to the form if necessary when additional space is required. Supplemental statement must be submitted should a change in rate of any of the classifications be made.

**A COPY OF THE PLAN, ALONG WITH CURRENT EMPLOYEE BREAKDOWN AND PROOF OF PAYMENT MAY BE REQUESTED AT ANY TIME.**

## EXHIBIT A