Statement of Employer Payments

Date:	In Reply, Refer to Case No:			SEAL OF THE SURER	
Prime:					
Subcontractor:					
PROJECT NAME:					
PROJECT CONTRACT NO.:		County/location:		CALIFORNIA	
	HEALTI	H AND WELFARE			
NAME OF PLAN		Address, City and Zip			
NAME OF LEAN		Address, City and Zip			
ADMINISTRATOR		Address, City and Zip			
CLASSIFICATION(S) USED		CONTRIBUTION PER C	CONTRIBUTION PER CLASSIFICATION PER HOUR		
CONTRIBUTIONS:	WEEKLY	MONTHLY	QUARTERLY	ANNUALLY	
		PENSION			
NAME OF PLAN		Address, City and Zip			
ADMINISTRATOR		Address, City and Zip			
ADMINISTRATOR					
CLASSIFICATION(S) USED CONTRIBUTION PER CLASSIFICATION PER HOUR					
CONTRIDITIONS.	WEEKIV	MONTHLY	OLLADTEDIV	ANNITATIV	
CONTRIBUTIONS:	WEEKLY	MONTHLY VACATION/HOLIDAY	QUARTERLY	ANNUALLY	
		VACATIONITOLIDIXI			
NAME OF PLAN		Address, City and Zip			
ADMINISTRATOR		Address, City and Zip			
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CLASSIFICATION(S) USED	CLASSIFICATION(S) USED CONTRIBUTION PER CLASSIFICATION PER HOUR				
CONTRIBUTIONS:	WEEKLY	MONTHLY	QUARTERLY	ANNUALLY	
		TRAINING			
NAME OF BLAN		A 11 Otto and 70 a			
NAME OF PLAN		Address, City and Zip			
ADMINISTRATOR		Address, City and Zip			
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CLASSIFICATION(S) USED	ASSIFICATION(S) USED CONTRIBUTION PER CLASSIFICATION PER HOUR				
CONTRIBUTIONS:	WEEKLY	MONTHLY	OHARTERLY	ANNIIALLY	

IF YOU USE OTHER PLANS NOT LISTED ABOVE, YOU MAY USE THE BACK OF THIS FORM TO PROVIDE THIS ADDITIONAL INFORMATION