

Statement of Employer Payments



Date:		In Reply, Refer to Case No:	
Prime:			
Subcontractor:			
PROJECT NAME:			
PROJECT CONTRACT NO.:		County/location:	

HEALTH AND WELFARE

NAME OF PLAN	Address, City and Zip _____		
ADMINISTRATOR	Address, City and Zip _____		
CLASSIFICATION(S) USED	CONTRIBUTION PER CLASSIFICATION PER HOUR		
CONTRIBUTIONS: WEEKLY _____ MONTHLY _____ QUARTERLY _____ ANNUALLY _____			

PENSION

NAME OF PLAN	Address, City and Zip _____		
ADMINISTRATOR	Address, City and Zip _____		
CLASSIFICATION(S) USED	CONTRIBUTION PER CLASSIFICATION PER HOUR		
CONTRIBUTIONS: WEEKLY _____ MONTHLY _____ QUARTERLY _____ ANNUALLY _____			

VACATION/HOLIDAY

NAME OF PLAN	Address, City and Zip _____		
ADMINISTRATOR	Address, City and Zip _____		
CLASSIFICATION(S) USED	CONTRIBUTION PER CLASSIFICATION PER HOUR		
CONTRIBUTIONS: WEEKLY _____ MONTHLY _____ QUARTERLY _____ ANNUALLY _____			

TRAINING

NAME OF PLAN	Address, City and Zip _____		
ADMINISTRATOR	Address, City and Zip _____		
CLASSIFICATION(S) USED	CONTRIBUTION PER CLASSIFICATION PER HOUR		
CONTRIBUTIONS: WEEKLY _____ MONTHLY _____ QUARTERLY _____ ANNUALLY _____			

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