

Public Works Fringe Benefit Statement



Date:	In Reply, Refer to Case No:
Prime:	Sub-Contractor:
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