



## FRINGE BENEFIT STATEMENT

(To be submitted prior to first certified payroll and/or when changes have been made)

<b>Contract #:</b>	<b>Project Title:</b>	<b>Today's Date:</b>
<b>Contractor/Subcontractor:</b>		<b>Address:</b>

In order to ensure the proper fringe benefit rates can be verified when checking payrolls for the above contract, the hourly rates for fringe benefits, subsistence and/or travel on the allowance payment made for employees on the various classifications of work are tabulated below.

Employee Classification or Name: List Below	Effective Date:	Name & Address of Plan, Fund or Program
<b>Work Classification:</b>	\$ _____ Vacation ^	
	\$ _____ Health & Welfare ^	
<b>Employee Name (if applicable):</b>	\$ _____ Pension ^	
	\$ _____ Apprentice/Training ^	
	\$ _____ <b>Other (Please Explain) ^</b>	
<b>Work Classification:</b>	\$ _____ Vacation ^	
	\$ _____ Health & Welfare ^	
<b>Employee Name (if applicable):</b>	\$ _____ Pension ^	
	\$ _____ Apprentice/Training ^	
	\$ _____ <b>Other (Please Explain) ^</b>	
<b>Work Classification:</b>	\$ _____ Vacation ^	
	\$ _____ Health & Welfare ^	
<b>Employee Name (if applicable):</b>	\$ _____ Pension ^	
	\$ _____ Apprentice/Training ^	
	\$ _____ <b>Other (Please Explain) ^</b>	

<b>Company Name (Please Print)</b>	<b>Name &amp; Title</b>	<b>Signature</b>
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Revised: 02/01/2019