

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