

GSLC CONTRACTOR FRINGE BENEFIT STATEMENT



Contract # /Project Name: HAPPY DAZE ELEMENTARY	Contract Location: 789 WIDE STREET, ANYWHERE, 99999	Today's Date: 00/00/0000
Contractor / Subcontractor Name: ATLAS CONSTRUCTION CO		Business Address: 12345 MAIN STREET, ANYWHERE, 99999

In order that the proper Fringe Benefit rates can be verified when checking payrolls on the above contract, the hourly rates for fringe benefits, subsistence and/or travel allowance payment made for employees by the employer on the various classes of work are tabulated below. **Please Include Apprentice Rates.**

Classification: MUST BE RECOGNIZED BY DIR	Effective Date: OF DETERMINATION USED	Subsistence or Travel Pay: IF APPLICABLE \$ _____
EMPLOYER PAID FRINGE BENEFITS	Health & Welfare \$ <u>3.00</u> hr	Paid To: _____ Name of Plan/Fund/Program: <u>UNION/PLAN/EMPLOYEE</u> Address: <u>555 UNION AVE</u>
	Pension \$ <u>2.00</u> hr	Paid To: _____ Name of Plan/Fund/Program: <u>UNION/PLAN/EMPLOYEE</u> Address: <u>555 UNION AVE</u>
	Vacation/Holiday \$ <u>1.00</u> hr	Paid To: _____ Name of Plan/Fund/Program: <u>UNION/PLAN/EMPLOYEE</u> Address: <u>555 UNION AVE</u>
	Training \$ <u>.50</u> hr	Paid To: _____ Name of Plan/Fund/Program: <u>CAC-STATE OF CALIFORNIA /UNION/COMMITTEE UNION/PLAN/EMPLOYEE</u> Address: <u>CALIFORNIA AVE</u>
	Other \$ <u>.25</u> hr	Paid To: _____ Name of Plan/Fund/Program: <u>UNION/PLAN/EMPLOYEE</u> Address: <u>555 UNION AVE</u>

Classification: MUST BE RECOGNIZED BY DIR	Effective Date: OF DETERMINATION USED	Subsistence or Travel Pay: IF APPLICABLE \$ _____
EMPLOYER PAID FRINGE BENEFITS	Health & Welfare \$ <u>3.00</u> hr	Paid To: _____ Name of Plan/Fund/Program: <u>UNION/PLAN/EMPLOYEE</u> Address: <u>555 UNION AVE</u>
	Pension \$ <u>2.00</u> hr	Paid To: _____ Name of Plan/Fund/Program: <u>UNION/PLAN/EMPLOYEE</u> Address: <u>555 UNION AVE</u>
	Vacation/Holiday \$ <u>1.00</u> hr	Paid To: _____ Name of Plan/Fund/Program: <u>UNION/PLAN/EMPLOYEE</u> Address: <u>555 UNION AVE</u>
	Training \$ <u>.50</u> hr	Paid To: _____ Name of Plan/Fund/Program: <u>CAC-STATE OF CALIFORNIA /UNION/COMMITTEE UNION/PLAN/EMPLOYEE</u> Address: <u>CALIFORNIA AVE</u>
	Other \$ <u>.25</u> hr	Paid To: _____ Name of Plan/Fund/Program: <u>UNION/PLAN/EMPLOYEE</u> Address: <u>555 UNION AVE</u>

Supplemental statements must be submitted during the progress of the work should there be an increase or change in rates. Use additional sheets as necessary. (Attach a copy of your most recent premium transmittal (including copy of check submitted) into each of the above plans/funds/programs or a letter from the above plans/funds/programs reflecting current payment status).

I certify under penalty of perjury that fringe benefits are paid to the approved plans, funds or programs as listed above.

Name and Title John Atlas- President	Signature and Date (Wet Signature Required) <i>John Atlas</i> 00/00/0000
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