

## **FRINGE BENEFITS**

PLEASE COMPLETE THIS FORM AND RETURN TO THE ADDRESS BELOW.  
MARK EITHER "BENEFITS ARE ALL PAID IN CASH" BOX OR THE "BENEFITS  
PAID TO PROGRAMS" BOX AND COMPLETE OTHER INFORMATION.

FRINGE BENEFITS ARE ALL PAID IN CASH TO THE EMPLOYEE.

FRINGE BENEFITS ARE PAID TO BENEFIT PROGRAMS:

HEALTH & WELFARE PLAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PENSION PLAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

APPRENTICESHIP PROGRAM: \_\_\_\_\_

YOUR COMPANY IS    UNION    NONUNION

FORWARD A BLANK FORM TO EACH SUB-CONTRACTOR ON THE PROJECT  
FOR COMPLETION. RETURN ALL FORMS TO:

George Sydlowski, Prevailing Wage Coordinator

1049 S. McCord Rd

Holland, OHIO 43528

CONTRACTOR

NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_