

# FRINGE BENEFIT STATEMENT

<b>CONTRACT #:</b>	<b>PROJECT TITLE</b>	<b>DATE:</b>
<b>SEI PROJECT #:</b>		
<b>SUBCONTRACTOR:</b>	<b>ADDRESS:</b>	

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:	EFFECTIVE DATE:	BASE RATE:	SUBSISTANCE OR TRAVEL PAY:
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FRINGE BENEFITS	HEALTH AND WELFARE	\$	PAID TO NAME:	
			ADDRESS:	
	PENSION	\$	PAID TO NAME:	
			ADDRESS:	
	VACATION/HOLIDAY	\$	PAID TO NAME:	
		ADDRESS:		
	TRAINING AND/OR OTHER	\$	PAID TO NAME:	
			ADDRESS:	

CLASSIFICATION:	EFFECTIVE DATE:	BASE RATE:	SUBSISTANCE OR TRAVEL PAY:
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FRINGE BENEFITS	HEALTH AND WELFARE	\$	PAID TO NAME:	
			ADDRESS:	
	PENSION	\$	PAID TO NAME:	
			ADDRESS:	
	VACATION/HOLIDAY	\$	PAID TO NAME:	
		ADDRESS:		
	TRAINING AND/OR OTHER	\$	PAID TO NAME:	
			ADDRESS:	

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FRINGE BENEFITS	HEALTH AND WELFARE	\$	PAID TO NAME:	
			ADDRESS:	
	PENSION	\$	PAID TO NAME:	
			ADDRESS:	
	VACATION/HOLIDAY	\$	PAID TO NAME:	
		ADDRESS:		
	TRAINING AND/OR OTHER	\$	PAID TO NAME:	
			ADDRESS:	

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.**

<b>Print Name and Title</b>	<b>Signature and Date (Wet Signature Required)</b>
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