

# GSLC CONTRACTOR FRINGE BENEFIT STATEMENT



Contract # /Project Name:	Contract Location:	Today's Date:
Contractor / Subcontractor Name:		Business Address:

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:	Subsistence or Travel Pay: \$ _____
EMPLOYER PAID FRINGE BENEFITS	Health & Welfare \$ _____ hr	Paid To: Name of Plan/Fund/Program: Address:	_____
	Pension \$ _____ hr	Paid To: Name of Plan/Fund/Program: Address:	_____
	Vacation/Holiday \$ _____ hr	Paid To: Name of Plan/Fund/Program: Address:	_____
	Training \$ _____ hr	Paid To: Name of Plan/Fund/Program: Address:	_____
	Other \$ _____ hr	Paid To: Name of Plan/Fund/Program: Address:	_____

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	Vacation/Holiday \$ _____ hr	Paid To: Name of Plan/Fund/Program: Address:	_____
	Training \$ _____ hr	Paid To: Name of Plan/Fund/Program: Address:	_____
	Other \$ _____ hr	Paid To: Name of Plan/Fund/Program: 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.

Name and Title	Signature and Date (Wet Signature Required)
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