

CITY OF PHOENIX STREET TRANSPORTAION DEPARTMENT

FRINGE BENEFIT STATEMENT

FOR EMPLOYER PAID BENEFITS OTHER THAN A UNION BARGAINING AGREEMENT PLAN

Contractor _____

This document must be completed for each non-union fringe benefit plan the contractor participates in on behalf of their employees performing work on the above project.

Plan Name _____ Plan Number _____

Plan Type _____

Effective Dates _____ Through _____
(An updated plan must be submitted if this plan expires)

Plan Administrator:

Name _____ Phone Number _____

Address _____ City/State _____

Plan Trustee/Custodian:

Name _____ Phone Number _____

Address _____ City/State _____

Employee Name or Trade Classification	Employer's Hourly Contribution
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Use additional form to list plan for all crafts, and attach any benefit schedule to the form if necessary when additional space is required. Supplemental statement must be submitted should a change in the plan occurs.

A COPY OF THE PLAN, ALONG WITH CURRENT EMPLOYEE BREAKDOWN AND PROOF OF PAYMENT MAY BE REQUESTED AT ANY TIME.

EXHIBIT A