

# Fringe Benefit Statement

| COMPANY INFORMATION |                  |                |            |
|---------------------|------------------|----------------|------------|
| Company Name        |                  |                | Date       |
| Street Address      |                  | Suite/Unit #   |            |
| City                | State            | Zip            |            |
| License Number      | Issuing State(s) | Classification | Expriation |

| CONTRACT INFORMATION |                 |
|----------------------|-----------------|
| Project Name/Number  | Contract Number |

In order that the proper Fringe Benefit rates can be verified for checking payrolls or applied to force account work on the above contract, the hourly rates for Fringe Benefits, subsistence and/or travel on the allowance payment made for employees on the various classes of work are tabulated below. THIS FORM MUST BE COMPLETED AND SUBMITTED WITH THE FIRST CERTIFIED PAYROLL, OR WHEN THERE HAVE BEEN ANY CHANGES.

| CLASSIFICATION                | FRINGE BENEFIT HOURLY AMOUNT       | NAME AND ADDRESS OF PLAN, FUND OR PROGRAM |
|-------------------------------|------------------------------------|---|
| Effective Date                | Vacation      \$ _____             | _____                                     |
| _____                         | Health & Welfare      \$ _____     | _____                                     |
| _____                         | Pension      \$ _____              | _____                                     |
| Subsistence and/or Travel Pay | Apprentice/ Training      \$ _____ | _____                                     |
| \$ _____                      | Other      \$ _____                | _____                                     |

| CLASSIFICATION                | FRINGE BENEFIT HOURLY AMOUNT       | NAME AND ADDRESS OF PLAN, FUND OR PROGRAM |
|-------------------------------|------------------------------------|---|
| Effective Date                | Vacation      \$ _____             | _____                                     |
| _____                         | Health & Welfare      \$ _____     | _____                                     |
| _____                         | Pension      \$ _____              | _____                                     |
| Subsistence and/or Travel Pay | Apprentice/ Training      \$ _____ | _____                                     |
| \$ _____                      | Other      \$ _____                | _____                                     |

| SIGNATURE   |                |
|---|----------------|
| I hereby certify that fringe benefits are paid to the approved Plans, Funds, or Programs as listed above. |                |
| Print Name  | Title/Position |
| Authorized Signature  | Date           |