

# 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:

CITY OF COLUMBUS

TRANSPORTATION DIVISION

1800 E. 17<sup>TH</sup> AVE.

COLUMBUS OH 43219

CONTRACTOR

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

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

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