

City of San Diego		Contractor/Subcontractor:	Contract No.:
Labor Compliance Fringe Benefit Statement		Project Name:	
Date:		Address/Telephone No.:	
HEALTH AND WELFARE	Name of Plan:		Contributions Made: WEEKLY MONTHLY QUARTERLY ANNUALLY
	Plan Address/Telephone No.:		
	Name of Plan Administrator:		
	Administrator Address/Telephone No.:		
	Classification(s) of Workers		Amount of Contribution Per Classification Per Hour
PENSION	Name of Plan:		Contributions Made: WEEKLY MONTHLY QUARTERLY ANNUALLY
	Plan Address/Telephone No.:		
	Name of Plan Administrator:		
	Administrator Address/Telephone No.:		
	Classification(s) of Workers		Amount of Contribution Per Classification Per Hour
VACATION AND HOLIDAY	Name of Plan:		Contributions Made: WEEKLY MONTHLY QUARTERLY ANNUALLY
	Plan Address/Telephone No.:		
	Name of Plan Administrator:		
	Administrator Address/Telephone No.:		
	Classification(s) of Workers		Amount of Contribution Per Classification Per Hour

TRAINING	Name of Plan:		Contributions Made: WEEKLY MONTHLY QUARTERLY ANNUALLY
	Plan Address/Telephone No.:		
	Name of Plan Administrator:		
	Administrator Address/Telephone No.:		
	Classification(s) of Workers		Amount of Contribution Per Classification Per Hour
DUES	Name of Plan:		Contributions Made: WEEKLY MONTHLY QUARTERLY ANNUALLY
	Plan Address/Telephone No.:		
	Name of Plan Administrator:		
	Administrator Address/Telephone No.:		
	Classification(s) of Workers		Amount of Contribution Per Classification Per Hour
OTHER	Name of Plan:		Contributions Made: WEEKLY MONTHLY QUARTERLY ANNUALLY
	Plan Address/Telephone No.:		
	Name of Plan Administrator:		
	Administrator Address/Telephone No.:		
	Classification(s) of Workers		Amount of Contribution Per Classification Per Hour
Completed by:		Title:	
Signature:		Date:	
Authorized Representative:		Title:	
Signature:		Date:	

Use Additional Forms to List Plans for All Crafts/Trades