

Classification	Effective Date:	Group ID #(s):

FRINGE BENEFITS	Health and Welfare \$ _____	Paid To: Fund, Plan or Program Name: _____ Address: _____ Tel. No: _____
	Pension \$ _____	Paid To: Fund, Plan or Program Name: _____ Address: _____ Tel. No: _____
	Vacation/Holiday \$ _____	Paid To: Fund, Plan or Program Name: _____ Address: _____ Tel. No: _____
	Training and/or Other \$ _____	Paid To: Fund, Plan or Program Name: _____ Address: _____ Tel. No: _____

Classification	Effective Date:	Group ID #(s):

FRINGE BENEFITS	Health and Welfare \$ _____	Paid To: Fund, Plan or Program Name: _____ Address: _____ Tel. No: _____
	Pension \$ _____	Paid To: Fund, Plan or Program Name: _____ Address: _____ Tel. No: _____
	Vacation/Holiday \$ _____	Paid To: Fund, Plan or Program Name: _____ Address: _____ Tel. No: _____
	Training and/or Other \$ _____	Paid To: Fund, Plan or Program Name: _____ Address: _____ Tel. No: _____

Classification	Effective Date:	Group ID #(s):

FRINGE BENEFITS	Health and Welfare \$ _____	Paid To: Fund, Plan or Program Name: _____ Address: _____ Tel. No: _____
	Pension \$ _____	Paid To: Fund, Plan or Program Name: _____ Address: _____ Tel. No: _____
	Vacation/Holiday \$ _____	Paid To: Fund, Plan or Program Name: _____ Address: _____ Tel. No: _____
	Training and/or Other \$ _____	Paid To: Fund, Plan or Program Name: _____ Address: _____ Tel. No: _____