CONTRACTOR: _____

PROJECT TITLE: _____

DATE: _____

SELECT ONE: ☐ PRIME ☐ SUBCONTRACTOR

FRINGE BENEFIT STATEMENT

STEP 1 of 2: SELECT THE OPTION THAT MATCHES YOUR COMPANY OFFERING

☐ **OPTION 1: NO BENEFITS PROVIDED**

Company will be required to pay workers the DIR Wage Index Total Hourly Rate minus Training.

☐ **OPTION 2: OUR COMPANY PROVIDES BENEFITS**

Select the benefit(s) provided below:

Benefit	Verification Documents
☐ Health & Welfare:	Health Benefits Policy and most recent statement(s) / invoice(s) listing workers' names, coverage, and premium amount
☐ Vacation / Holiday:	Vacation / Holiday Policy
☐ Pension:	Retirement Plan Description and recent contribution statement(s) / invoice(s) listing workers' names, hours, and contribution amount

The City will request verification documents for the benefits selected above. Company will not receive credit for fringe benefit payments without providing the proper verification documents.

☐ **OPTION 3: OUR COMPANY IS A UNION SIGNATORY**

The City will request recent Trust Fund Contribution Transmittals listing worker's names, hours, and contribution amounts. The City will also request Trust Fund cancelled checks (front and back) that correspond to the Trust Fund Contribution Transmittals. Trust Fund letters are not acceptable.

STEP 2 of 2: SIGN & DATE

By signing this form, you acknowledge that you have read, understand, and will comply with the Fringe Benefit requirements noted above.

_____	_____	_____
Name and Title (please print)	Signature	Date

Training Fund Contributions: Contractors who contribute to an apprenticeship program are entitled to a full credit in the amount of those contributions. Contractors who do not contribute to an apprenticeship program must submit their training contributions to the California Apprenticeship Council, PO Box 420603, San Francisco, CA 94142.Training fund contributions to the California Apprenticeship Council are due and payable on the 15th day of the month for work performed during the preceding month. The contribution should be paid by check and be accompanied by a completed Training Fund Contribution form (CAC-2).

OEA Version 01.18