



Instructions for Completing the Fringe Benefit Statement

The Fringe Benefit Statement must be submitted by each contractor and subcontractor with the first certified payroll report. The form details the fringe benefit contributions and indicates whether these payments are paid to employees in cash or made to a third party trust fund. Supplemental statements must be submitted during the progress of the work should there be an increase or change in rates.

Classification: Include all Trades/Classifications of employees that your company will use on the project, including apprentices. Do not list each employee by name. Please provide group number when applicable. For apprentices, please list the period levels.

Effective Date: Date that the fringe rates are effective.

Subsistence and/or Travel: If your company will be required to pay this fringe benefit, insert the per diem amount within this section.

Fringe Benefit Hourly Amount: Next to each listed Fringe Benefit, indicate the hourly rates for payments made to employees on the various classifications of work. Do not include amounts that are paid directly by the employee.

Paid To: Insert the name and address of the Plan, Fund or Program where the benefit will be paid. If the benefit amount is to be paid directly to the employee, indicate *Paid to Employee*. Do not list each employee by name. Please note that training fund contributions cannot be paid directly to employees and must be paid to the California Apprentice Council (CAC) or to an approved fund such as a union trust fund.

Note: A worker's title or status with the employer is not determinative of an individual's coverage by the prevailing wage laws. What is determinative is whether the duties performed by the individual on the public works project constitute covered work. An individual who performs skilled or unskilled labor on a public works project is entitled to be paid the applicable prevailing wage rate for the time the work is performed, regardless of whether the individual holds a particular status such as partner, owner, owner-operator, independent contractor or sole proprietor, or holds a particular title with the employer such as president, vice-president, superintendent or foreman (*Department of Industrial Relations (DIR) Public Works Manual*).



Fringe Benefit Statement

CONTRACTOR/SUBCONTRACTOR (PLEASE PRINT)	SPECIFICATION NUMBER	CONTRACT NUMBER	DATE

PROJECT NAME

In order that the proper Fringe Benefit rates can be verified when checking payrolls on the above contract, the hourly rates for fringe benefits, subsistence and/or travel pay 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	PAID TO
	Health & Welfare \$ _____	_____
Effective Date	Pension \$ _____	_____
	Vacation \$ _____	_____
Subsistence and/or Travel Pay	Apprentice/ Training \$ _____	_____
\$ _____	Other \$ _____	_____

CLASSIFICATION	FRINGE BENEFIT HOURLY AMOUNT	PAID TO
	Health & Welfare \$ _____	_____
Effective Date	Pension \$ _____	_____
	Vacation \$ _____	_____
Subsistence and/or Travel Pay	Apprentice/ Training \$ _____	_____
\$ _____	Other \$ _____	_____

CLASSIFICATION	FRINGE BENEFIT HOURLY AMOUNT	PAID TO
	Health & Welfare \$ _____	_____
Effective Date	Pension \$ _____	_____
	Vacation \$ _____	_____
Subsistence and/or Travel Pay	Apprentice/ Training \$ _____	_____
\$ _____	Other \$ _____	_____

Use additional sheets as necessary.

I certify under penalty of perjury that fringe benefits are paid to the approved Plans, Funds, or Programs as listed above.

NAME AND TITLE (Please Print)

SIGNATURE

TELEPHONE NUMBER (Area Code First)