

## Fringe Benefit Identification

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Please complete this form and return it with your first Certified Payroll report. Provide the requested information as it pertains to your company. Mark the appropriate space that applies to your company's disbursement of wages.

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Company name: \_\_\_\_\_

Company address: \_\_\_\_\_

Project name and location: \_\_\_\_\_

( A ) \_\_\_\_\_ Fringe benefits are entirely paid in cash to the employee.

( B ) \_\_\_\_\_ Fringe benefits are entirely paid to approved benefit programs.

( C ) \_\_\_\_\_ Fringe benefits are paid as a combination of cash to employee and payments to approved benefit programs.

If ( B ) or ( C ) above is checked, please list as applicable:

Name of health care provider(s): \_\_\_\_\_

Address: \_\_\_\_\_

Name of pension provider(s): \_\_\_\_\_

Address: \_\_\_\_\_

If paid through union(s), name of union(s): \_\_\_\_\_

Address: \_\_\_\_\_

Other:

\_\_\_\_\_ Sick pay                      \_\_\_\_\_ Holiday pay                      \_\_\_\_\_ Apprenticeship training

\_\_\_\_\_ Vacation pay                      \_\_\_\_\_ Life insurance                      \_\_\_\_\_ Other \_\_\_\_\_