FRINGE BENEFITS

PLEAS	SE COMPLETE THIS FORM AND RETURN IT TO	THE ADDRE	SS BELOW.		
	FRINGE BENEFITS ARE ALL PAID IN CASH TO THE EMPLOYEE.				
	FRINGE BENEFITS ARE PAID IN CASH AND TO THE BENEFIT PROGRAMS LISTED BELOW.				
	FRINGE BENEFITS ARE ALL PAID TO THE FOLLOWING BENEFIT PROGRAMS:				
	HEALTH & WELFARE PLAN:				
	ADDRESS:				
	-				
	PENSION PLAN:				
	ADDRESS:				
	<u>-</u>				
	APPRENTICESHIP PROGRAM:			_	
	YOUR COMPANY IS:		UNION		NON-UNION
	YOUR COMPANY PAYS ALL EMPLOYE	ES:	WEEKLY		BI-WEEKLY
FORWARD A BLANK FORM TO EACH SUBCONTRACTOR ON THE PROJECT FOR COMPLETION. RETURN A FORMS TO:					
	PREVAILING WAGE COORDINATOR CITY OF COLUMBUS DEPARTMENT OF PUBLIC SERVICE DIVISION OF DESIGN AND CONSTRUCTION 1800 EAST 17 TH AVENUE COLUMBUS, OHIO 43219				
CONT	FRACTOR'S NAME:				
ADDF	RESS:				
PROJECT NAME:					