



Contractor Benefit Plan Information

Contract Number	Contract Location	Phone
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Contractor/Subcontractor Name	Business Address
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Do you have a Training Plan for your employees? **Yes** [] **No** [] If yes, attach a copy to this form.

Are fringe benefits paid directly to the employee? **Yes** [] **No** [] If no, complete the benefit section below indicating the dollar amount applied to each plan.

List employee names and hourly dollar amounts for each of the categories below. Payroll audits may be performed based on this information. If you have any questions regarding completion of this section please call the Pierce County Contract Compliance Office at (253) 798-7250.

Classification

Fringe Benefits	Health & Welfare	\$ _____ /hr	Paid to: Name: _____ Address: _____
	Pension	\$ _____ /hr	Paid to: Name: _____ Address: _____
	Vacation/ Holiday	\$ _____ /hr	Paid to: Name: _____ Address: _____
	Training and/or Other	\$ _____ /hr	Paid to: Name: _____ Address: _____

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If rates change for any of the classifications, you must submit supplemental statements during the progress of work.

Submitted: Contractor/Subcontractor	By: Name/Title
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