

## **FRINGE BENEFITS**

Please complete this form and return to the address below. Mark either “Benefits are all paid in cash” box or the “Benefits paid to programs” box and complete other information.

☐ FRINGE BENEFITS ARE ALL PAID IN CASH TO THE EMPLOYEE

☐ FRINGE BENEFITS ARE PAID TO BENEFITS PROGRAMS

Health & Welfare Plan: \_\_\_\_\_

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

Pension Plan: \_\_\_\_\_

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

Apprentice Program: \_\_\_\_\_

Your Company is \_\_\_\_\_ Union \_\_\_\_\_ Non-union

Forward a blank form to each sub-contractor on the project for completion.  
Return all forms to:

**City of Dublin  
Attention: Helen George  
Department of Public Works  
6555 Shier Rings Road  
Dublin, Ohio 43016**

Contractor:

Name: \_\_\_\_\_

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

Project Name: \_\_\_\_\_