

## PLUMBERS & STEAMFITTERS LOCAL 21 FRINGE BENEFIT FUNDS

**TO BE ELIGIBLE FOR BENEFITS YOU MUST MAKE OUT YOUR CARD AT THE END OF EACH MONTH AS FOLLOWS:**

If you are not working – Mark card "Not Working"  
 If you are working out of the jurisdiction – Mark card "OUT" – and give the location & Local number.

Employer Name and Address	Job Location, Local/Territory	Week Ending	Regular Hours	Shift Work 1 1/2	Time & A Half 1 1/2	Double Time	Hourly Rate	Gross Wages
						TOTAL HOURS PAID:	_____	

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Month of: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

MAIL TO: LOCAL 21 BENEFIT FUNDS OFFICE  
 1024 Mc Kinley Street  
 Peekskill, NY 10566

CLASSIFICATION: \_\_\_\_\_ CONTRACT: \_\_\_\_\_

GEN. FOREMAN \_\_\_\_\_ FOREMAN \_\_\_\_\_ JOURNEYMAN \_\_\_\_\_ REFRIG. JOURNEYMAN \_\_\_\_\_ 100% \_\_\_\_\_ 80% \_\_\_\_\_ 70% \_\_\_\_\_ JOBBING  
 APPRENTICE (INDICATE YEAR) \_\_\_\_\_ REFRIG. APPRENTICE (INDICATE YEAR) \_\_\_\_\_ INDIAN POINT \_\_\_\_\_ REFRIG.  
"workcard"