

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 Hours 1 1/4	Time & A Half 1 1/2	Double Time	Hourly Rate	Gross Wages
						TOTAL HOURS PAID:	_____	

Name: _____

Social Security # _____ Month of: _____

Address: _____

MAIL TO: Local 21 Benefit Funds Office

City State Zip

1024 McKinley Street
Peekskill, NY 10566

CLASSIFICATION:

___ GEN. FOREMAN ___ FOREMAN ___ JOURNEYMAN ___ REFRIG. JOURNEYMAN
___ APPRENTICE(indicate year) ___ REFRIG APPRENTICE(indicate year)

CONTRACT:

___ 100% ___ 80% ___ 70% ___ JOBBING
___ INDIAN POINT ___ REFRIG