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 1¼	Time & A Half 1½	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:

___GEN. FOREMAN ___FOREMAN ___JOURNEYMAN ___REFRIG. JOURNEYMAN
___APPRENTICE (INDICATE YEAR) ___REFRIG. APPRENTICE (INDICATE YEAR)

CONTRACT:

___100% ___80% ___70% ___JOBBING
___INDIAN POINT ___REFRIG.