

FRINGE VERIFICATION LIST

Subcontractor: _____

Health & Welfare:

Name: _____

Name: _____

Phone: _____

Phone: _____

Contact: _____

Contact: _____

Pension/401k/Retirement:

Name: _____

Name: _____

Phone: _____

Phone: _____

Contact: _____

Contact: _____

Union Local Dues:

Name: _____

Name: _____

Phone: _____

Phone: _____

Contact: _____

Contact: _____

Other:

Plan type: _____

Plan type: _____

Name: _____

Name: _____

Phone: _____

Phone: _____

Contact: _____

Contact: _____