

**FRINGE BENEFITS INFORMATION**  
**(IF APPLICABLE)**

This form must be completed for each non-union fringe benefit plan the contractor participates in on behalf of their employees performing work on a federally assisted construction project.

Plan Name \_\_\_\_\_ Plan Number \_\_\_\_\_

Plan Type \_\_\_\_\_ Effective Dates \_\_\_\_\_ Through \_\_\_\_\_

**Plan Administrator**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

**Plan Trustee/Custodian**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Employee Name/ Trade Classification	Employer's Hourly Contribution
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Provide attachment if additional space is needed.

**A COMPLETE COPY OF THE PLAN ALONG WITH CURRENT EMPLOYEE  
BREAKDOWN AND PROOF OF PAYMENT MAY BE REQUESTED AT ANY TIME.**

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