Classification				Effective Date:	Group ID #(s):
		_			
FRINGE BENEFITS	Health and Welfare	Paid To:	Fund,	Plan or Program Name:	
	\$Address:				Tel. No:
	Pension				
	\$	Address:_			Tel. No:
	Vacation/Holiday				
	\$	Address:			Tel No:
	Training and/or Other	Paid To: Fund, Plan or Program Name:			
	\$	Address:			
				Effective Date:	Group ID #(s):
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FRINGE BENEFITS	Health and Welfare	Paid To:	Fund,	Plan or Program Name:	
	\$	Address:			Tel. No:
	D :		o: Fund, Plan or Program Name:		
	\$	Address:			
	Vacation/Holiday	Paid To: Fund, Plan or Program Name:			
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	Training and/or Other	Address: Paid To: Fund, Plan or Program Name: Address:			
	Training and/or Other				
	\$				Tel. No:
				Effective Date:	Group ID #(s):
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FRINGE BENEFITS	Health and Welfare	Paid To:	Fund,	Plan or Program Name:	
	\$	Address:			Tel. No:
	Pension				
	\$	Address:			Tel. No:
	Vacation/Holiday				
		Paid To:	Fund,	Plan or Program Name:	
	\$	Address:_			Tel. No:
	Training and/or Other				
	\$	Address:_			Tel. No: