

Fringe Benefit Documentation Form

Contractors must document how fringe benefits are provided to meet prevailing wage requirements.

Contractor Name:	
Project Name:	
Date Submitted:	

Fringe Benefit Payment Method

Fringe benefits may be paid as cash or to approved plans. Document method for each benefit:

Benefit Type	Cash Payment	Benefit Plan	Hourly Value	Plan Name/Administrator
Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Pension/Retirement	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Vacation	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Holiday	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$	

Total Fringe Benefit Value: \$_____ per hour

Required Fringe (per wage determination): \$_____ per hour

Plan Documentation

For benefits paid to plans, attach the following documentation:

- Plan summary or certificate of coverage
- Evidence of employer contributions
- Evidence workers are enrolled/eligible

Certification

I certify that the fringe benefits described above are bona fide and provided to eligible workers.

Contractor Representative: _____ Date: _____

Title: _____

