SOUTHEASTERN IRON WORKERS
HEALTH CARE PLAN
LOCAL 848

Contractor_____

Address_____

_____ Zip Code _____

Telephone_____ Fed. I.D. No._____

Job and Location _____

Report for Month Ending _____

☐ If you need more forms, please check here.

☐ Please check here if you employed no men during this payroll period and submit this report.

☐ Check here if Final Report.

☐ Check here if new address

Participant Name	Social Security Number	Hours Worked	Job Classification

SEIW Health Care Plan	Total Hours Worked:		X	$5.75	=	$

Total Health Fund Amount | $

- Report and contributions are due in the Fund Administrator's Office by the 15th day of the month following the work month. Interest will be assessed in accordance with the procedure outlined in the Collective Bargaining Agreement.
- Make check payable to: **Southeastern Iron Workers Health Care Plan** and mail report along with your check to Southern Benefit Administrators Inc., P.O. Box 1449, Goodlettsville, TN 37070-1449. Please retain a copy for your records.
- Send a copy of your reort to the Union Hall. Mail to Iron Workers Local Union No. 848, 7326 Pepperdam Ave., N. Charleston, SC 29418, or fax to (843) 767-4810

We certify this report to be true and correct and hereby accept and agree to abide by the terms and provisions as set forth in the Agreements and Declarations of Trust.

_____ _____

Authorized Signature Date

White-Administration Copy Yellow-Union Copy Pink-Employer Copy