SOUTHEASTERN IRON WORKERS HEALTH CARE PLAN LOCAL 387

Contractor					П	If v	ou need more forms, please	
Address						-	ck here.	
Zip Code						Please check here if you employed no men during this		
Telephone Fed. I.D. No Job and Location						payroll period and submit this report.		
					- Check here if Final Report.			
Report for Month Endin	g					Che	eck here if new address	
Participant Name		Social Security Number		Hours V	Worked		Job Classification	
SEIW Health Care Plan	Total Hours Worked	1:	X	\$5.75	=	\$		
		Total He	alth l	Fund Amo	unt	\$		
 Interest will be asse Make check payabl Benefit Administrat The undersigned er 	le to: Southeastern Ir tors Inc., P.O. Box 144 mployer, by signing thi	und Administrator's Office be the the procedure outlined in the on Workers Health Care P 9, Goodlettsville, TN 37070- is form, acknowledges the al- tive bargaining agreement an	by the he Collan at 1449.	10 th day of ollective Bar, and mail report Please retains true and control of the strue and control of the structure and control of the strue and control of the strue and control of the structure and	the m gainin ort alco	onth fing Agr	th your check to Southern r your records.	
Authoriz		Date						

Yellow-Union Copy

Pink-Employer Copy

White-Administration Copy