



ABC GOLDEN GATE CHAPTER HEALTH BENEFIT TRUST MONTHLY TRANSMITTAL

Employer:		Month Work:
Address:		
City:	State:	Zip:
Date:		
Starting with	day of	
Inclusive to	day of	

**Electrical, Carpentry, Painting, Plumbing Apprentice hourly benefit contribution rate \$7.38.
 Laborer Apprentice hourly benefit contribution rate \$5.35.**

APPRENTICE NAME	SOCIAL SECURITY No.	HOURS WORKED	HEALTH CONTRIBUTION RATE	TOTAL
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

Use additional sheets as needed. 10% Penalty Assessment (if required) + \$

TOTAL AMOUNT ENCLOSED = \$

CONTRIBUTIONS ARE DUE AND PAYABLE THE 10TH OF THE MONTH FOLLOWING HOURS WORKED. 10% PENALTY ASSESSED TO SUBSCRIBING CONTRACTORS IF RECEIVED AFTER 15TH OF THE MONTH.

Please enter zero (0) if no hours were worked.

I certify that all employees required to be reported by the Adoption Agreement between the employer and ABC GGC Training Trust Fund and all hours paid are fully and accurately set forth.

Signature: _____

Date: _____

Make check payable to: ABC Golden Gate Chapter Benefit Trust
 Mail payments and Worksheet to: P.O. Box 39291 Dept. 4703
 Los Angeles, CA 90039-0291

If you have any questions please call United Administrative Services at 408-288-4400.