

INSTRUCTIONS FOR FRINGE BENEFIT STATEMENT

This form must be submitted with the first certified payroll for project and again if there are any changes. Failure to submit this form may result in suspension of progress payments.

FRINGE BENEFIT DESCRIPTION: Indicate types of fringe benefits that your company provides. You may use additional sheets if necessary or attach a spreadsheet to this form containing the same information as on this form.

FRINGE BENEFIT HOURLY AMOUNT: Calculate and input the total hourly dollar amount contributed for each classification. If benefit amounts vary from employee to employee, it may be beneficial to break down individual employee benefits in a spreadsheet format and attach the spreadsheet to this form.

If your company does not operate under a collective bargaining agreement or contribute benefits based on an hourly amount; you may use the following formulas to compute hourly benefits. Please be advised that examples are provided only to demonstrate how the formulas are used.

Annual Calculation. The annual calculation is based on 2080 hours per year (40 hrs X 52 weeks per year)

Formula: Employee's Basic Hourly Rate x Number of Benefit Hours (8 hrs a day x number of days) ÷ 2080 annual hours.

Example:

At \$20/hr, with 80 vacation hrs a year, the hourly rate would calculate as follows:

$\$20 \times 80 \text{ hrs} = \$1600 \text{ divided by } 2080 = \$.77$

Fringe benefit Hourly Amount: \$.77

Monthly Calculation The monthly calculation factor of 173.33 is based on 2080 hours per year divided by 12 months.

Formula: Monthly benefit plan contribution ÷ 173.33

Example:

If employer pays \$200/month for a medical benefit, the monthly hourly rate calculates as follows:

A monthly plan contribution of \$200 divided by 173.33 = \$1.15

Fringe benefit hourly amount: \$1.15

NAME OF THE PLAN OR FUND: To receive credit for employer paid benefit contributions, plans must be bona fide and contributions must be documented. On the Fringe Benefit Statement, indicate the name, address & phone number of the administrator of the Plan, Fund or Program.
Contribution documentation described below may be requested.

Health and Welfare Documentation: For your Health & Welfare Plan, please submit copies of the plan documentation indicating monthly or quarterly billings for the covered benefits (and delineating all benefits per worker), as well as statements and copies of checks transmitted by your company to the trust fund or plan for these benefits.

Pension Plan Documentation: Please submit copies of the plan documentation from the Plan Administrator including the plan summary, account balances, monthly or quarterly transmittals into the accounts and copies of checks transmitted by your company to them as payments into these accounts.

Vacation Plan/paid holiday documentation: Please submit copies of your company's policy for employer paid vacation and holidays. For vacation, please explain how you track the vacation hours for each employee. Additionally, please submit copies of monthly reports or statements from the bank/fund depository showing that the plan and vacation amounts are available for the workers.

FRINGES PAID IN CASH: Indicate if some or all fringes will be added to the employee's basic hourly rate.

**LABOR COMPLIANCE
FRINGE BENEFIT STATEMENT
WEST VIRGINIA DEPARTMENT OF TRANSPORTATION
DIVISION OF HIGHWAYS**

CONTRACTOR NAME _____

PROJECT NUMBER _____

See Title 29, Part 5 of the Code of Federal Regulations, Subpart B -- Interpretation of Fringe Benefit Provisions of the Davis-Bacon Act.

Fringe Benefit Description	Fringe Benefit Hourly Amount	Name, Address & Phone Number Of Plan, Fund or Program Administrator
Health Insurance	\$ _____	_____
Pension	\$ _____	_____
Apprentice Training	\$ _____	_____
Other (specify)		
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

All (or some) fringes are paid in cash by adding the amount to the employee's basic hourly rate.

I certify under penalty of perjury that fringe benefits are paid to the approved plans, funds, or programs as listed above:

Name and Title (please print)

Date

Signature