

## **Instructions for Fringe Benefit Statement**

**\*\*This form must be submitted with the first certified payroll for project and again if there are any changes. \*\***

**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 demonstrate how the formulas are used.**

**Annual Calculation:** The annual calculation is based on 2080 hours per year (40 hours x 52 weeks per year)

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

**Example:** at \$20/hour, with 80 vacation hours a year, the hourly rate would calculate as follows:

$\$20 \times 80 \text{ hours} = \$1600 \text{ divided by } 2080 = \$0.77$

The Fringe Benefit hourly amount is \$0.77

**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 pay \$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

The Fringe Benefit hourly amount is \$1.15

**Fringe Benefits Paid in Cash:** Indicate if some or all fringes will be added to the employee's basic hourly rate.

**\*\* Please note:** According to the **U.S. Department of Labor**, in a Davis-Bacon prevailing wage survey, fringe benefits are defined as: *Contributions irrevocably made to a trustee or third party pursuant to a bona fide fringe benefit fund plan or program. The rate of costs incurred in providing bona fide fringe benefits pursuant to an enforceable commitment to carry out a financially responsible plan or program, which was communicated to the employees in writing. Examples: Life insurance, Health insurance, Pension, Vacation, Holidays, Sick leave, Other "bona fide" fringe benefits. However, payments required by federal, state or local law are not fringe benefit contributions. Such payments required to fund Social Security, unemployment compensation and workers' compensation programs, as required by law, do not count as fringe benefits.*

## Labor and Compliance Fringe Benefit Statement

Contractor Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_ (needed if different benefit rates per employee)

**Corresponding Job Classification on Prevailing Wage Document:** \_\_\_\_\_ (name and #)

\_\_\_\_\_ Union Contractor

\_\_\_\_\_ Non-Union Contractor

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

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

Calculate:

Company Paid Hourly Rate \_\_\_\_\_ (A) Hourly Rate per Wage Determination \_\_\_\_\_

\*\*\* Company Paid Hourly

Fringe Benefit Rate \_\_\_\_\_ (B) Benefit Rate Per Wage Determination \_\_\_\_\_

Total \_\_\_\_\_ (C) Total \_\_\_\_\_ (D)

(D) \_\_\_\_\_ - (B) \_\_\_\_\_ = (E) \_\_\_\_\_ Hourly wage rate paid on certified payroll report

Note: if (C) is greater than (D), then the employee gets paid their regular wage (A) on the project.