IMPORTANT NOTICE TO EMPLOYERS

IN ORDER TO PROVIDE BENEFITS TO THE CORRECT EMPLOYEE'S ACCOUNT **WE NEED YOUR HELP!!** WE REALIZE THERE WILL BE AN OCCASION WHERE YOU MAY NOT HAVE ALL THE INFORMATION THAT WE REQUIRE BUT PLEASE SUPPLY US WITH **ANY** INFORMATION THAT YOU HAVE PERTAINING TO THE EMPLOYEE(S) LISTED

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE.

IF THE EMPLOYEE STILL WORKS FOR YOU:

- 1. PLEASE ASK HIM TO SHOW YOU HIS SOCIAL SECURITY CARD.
- 2. IF EITHER THE NAME AND/OR NUMBER ON THE CARD IS DIFFERENT FROM WHAT YOU REPORTED, PLEASE ENTER ON THE FRONT OF THIS FORM THE EXACT NAME AND NUMBER SHOWN ON THE EMPLOYEE'S CARD AS WELL AS THE EMPLOYEE'S COMPLETE NAME AND ADDRESS.
- 3. IF THE NAME AND NUMBER ON THE CARD ARE THE SAME AS THOSE YOU REPORTED, PLEASE ENTER HIS NAME AND ADDRESS (INCLUDING ZIP CODE) ON THE FRONT OF THIS FORM. WE WILL SEND HIM AN ENROLLMENT FORM FOR COMPLETION.

IF THE EMPLOYEE NO LONGER WORKS FOR YOU:

- 1. PLEASE CHECK YOUR CONTRIBUTION REMITTANCE RECORDS FOR THE CRAFT AND PERIOD INDICATED.
- 2. IF THEY SHOW A NAME AND/OR NUMBER DIFFERENT FROM THOSE YOU REPORTED, PLEASE ENTER ON THE FRONT OF THIS FORM THE NAME AND NUMBER FROM YOUR RECORDS AS WELL AS THE EMPLOYEE'S COMPLETE NAME AND ADDRESS.
- 3. IF THE NAME AND NUMBER IN YOUR RECORDS ARE THE SAME AS THOSE YOU REPORTED, PLEASE ENTER THE EMPLOYEE'S FULL NAME AND ADDRESS (INCLUDING ZIP CODE) ON THE FRONT OF THIS FORM, WE MAY BE ABLE TO GET IN TOUCH WITH HIM AND OBTAIN THE NECESSARY IDENTIFICATION INFORMATION.

PLEASE NOTE IN THE FOLLOWING SAMPLE:

IN ADDITION TO ALL CORRECTED ITEM(S) WE REQUEST THAT YOU PROVIDE US WITH THE **COMPLETE ADDRESS OF THE EMPLOYEE**.

1	PLEASE PRINT EMPLOYEE'S CORRECT ▼ IDENTIFICATION DATA BELOW	s.s. no. reported 196-30-2239	EMPLOYEE NAME REPORTED SAMPLE	LR	LOCAL UNION REPORTED 9999	BIRTH DATE / /	
SOG. SEG. NUMBER	1 9 6 - 3 0	- 2 2 9 3		EMPLOYEE'S FULL NAME	Sample,	Louis Robert	
ADDRESS NO. & STR		Apt. #16	CITY, STATE PITTS DU	ırgh, PA	15219		

IMPO	RTANT	! EMPL	OYER
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WOULD YOU PLEASE CHECK

THESE EMPLOYEE RECORDS

	- DOWN SURVEY OVER SORREST	S.S NO. REPORTED	EMPLOYEE NAME REPOR	TED	LOCAL UNION REPORTED	BIRTHDATE	LAST DAY REPORTED
1 PLEAS	E PRINT EMPLOYEE'S CORRECT IDENTIFICATION DATA BELOW		LOCAL	EMPLOYEE'S	THE OTHER	//	
SOC. SEC. NUMBER	-	-	LOCAL UNION NO.	FULL NAME			
ADDRESS NO. & STREET			CITY, STATE & ZIP CODE				
PHONE NO.			EMPLOYEE EMAIL ADDRESS		Tracki Ukuchi	DIDTUDATE	LAST DAY REPORTED
2 PLEAS	E PRINT EMPLOYEE'S CORRECT IDENTIFICATION DATA BELOW	S.S NO. REPORTED	EMPLOYEE NAME REPOR	TED	LOCAL UNION REPORTED	/ /	LAST DAT HET OFFICE
SOC. SEC.	DENTITION DATA SEED!		LOCAL UNION	EMPLOYEE'S FULL NAME			
NUMBER ADDRESS			NO. CITY, STATE & ZIP CODE				
NO. & STREET PHONE			EMPLOYEE EMAIL ADDRESS				
NO.	SE PRINT EMPLOYEE'S CORRECT	S.S NO. REPORTED	EMPLOYEE NAME REPOR	RTED	LOCAL UNION REPORTED	BIRTHDATE	LAST DAY REPORTED
3	IDENTIFICATION DATA BELOW		LOCAL	EMPLOYEE'S			1
SOC. SEC. NUMBER		-	UNION NO. CITY, STATE & ZIP CODE	FULL NAME			
ADDRESS NO. & STREET			EMPLOYEE				
PHONE NO.		S.S NO. REPORTED	EMAIL ADDRESS EMPLOYEE NAME REPOR	RTED	LOCAL UNION	BIRTHDATE	LAST DAY REPORTE
4 PLEAS	SE PRINT EMPLOYEE'S CORRECT IDENTIFICATION DATA BELOW				REPORTED	//	
SOC. SEC. NUMBER		_	LOCAL UNION NO.	EMPLOYEE'S FULL NAME			
ADDRESS NO. & STREET			CITY, STATE & ZIP CODE				
PHONE			EMPLOYEE EMAIL ADDRESS				
NO. PLEAS	SE PRINT EMPLOYEE'S CORRECT	S.S NO. REPORTED	EMPLOYEE NAME REPO	RTED	REPORTED	BIRTHDATE	LAST DAY REPORTE
	IDENTIFICATION DATA BELOW		LOCAL UNION	EMPLOYEE'S FULL NAME			
SOC. SEC. NUMBER	and the second s		NO. CITY, STATE & ZIP CODE	majoritz w course care			
ADDRESS NO. & STREET			EMPLOYEE EMAIL ADDRESS				
PHONE NO.	SE PRINT SURVEY OVER SORREST	S.S NO. REPORTED	EMPLOYEE NAME REPO	RTED	LOCAL UNION REPORTED	BIRTHDATE	LAST DAY REPORTE
6 PLEAS	SE PRINT EMPLOYEE'S CORRECT IDENTIFICATION DATA BELOW			EMBI OVEETE	TIE! STITES	//	
SOC. SEC. NUMBER			LOCAL UNION NO.	FULL NAME			
ADDRESS NO. & STREET			CITY, STATE & ZIP CODE				
PHONE NO.			EMPLOYEE EMAIL ADDRESS			U DIOTI IDATE	LI ACT DAY BERORT
60559 V 0350/0	SE PRINT EMPLOYEE'S CORRECT	S.S NO. REPORTED	EMPLOYEE NAME REPO	RTED	REPORTED	N BIRTHDATE	LAST DAY REPORT
	IDENTIFICATION DATA BELOW		LOCAL UNION	EMPLOYEE'S FULL NAME			
SOC. SEC. NUMBER			NO. CITY, STATE & ZIP CODE	THE THE PERSON			
NO. & STREET			EMPLOYEE EMAIL ADDRESS				
PHONE NO.	SE PRINT EMPLOYEE'S CORRECT	S.S NO. REPORTED	EMPLOYEE NAME REPO	DRTED	LOCAL UNIO	N BIRTHDATE	LAST DAY REPORT
8 PLEA	IDENTIFICATION DATA BELOW		LOCAL	EMPLOYEE'S		//	
SOC. SEC. NUMBER		-	LOCAL UNION NO.	EMPLOYEE'S FULL NAME			
ADDRESS NO. & STREET			& ZIP CODE				
PHONE			EMPLOYEE EMAIL ADDRESS				

EMPLOYER EMAIL ADDRESS:

EMPLOYER:

RETURN COMPLETED FORM TO:
ADMINISTRATIVE OFFICE OF THE LABORERS
COMBINED FUND OF WESTERN PENNSYLVANIA
1425 FORBES AVENUE • PITTSBURGH, PA 15219-514

PHONE: (412) 263-0900 www.lcfowpa.com