

# 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 / /
SOC. SEC. NUMBER		1   9   6   -   3   0   -   2   2   9   3	LOCAL UNION NO.	9999	EMPLOYEE'S FULL NAME Sample, Louis Robert	
ADDRESS NO. & STREET		417 Main St.	Apt. #16	CITY, STATE & ZIP CODE Pittsburgh, PA 15219		

**IMPORTANT! EMPLOYER**

**WOULD YOU PLEASE CHECK**

**THESE EMPLOYEE RECORDS**

<b>1</b>	<b>PLEASE PRINT EMPLOYEE'S CORRECT IDENTIFICATION DATA BELOW</b>	S.S NO. REPORTED	EMPLOYEE NAME REPORTED	LOCAL UNION REPORTED	BIRTHDATE	LAST DAY REPORTED
SOC. SEC. NUMBER			LOCAL UNION NO.	EMPLOYEE'S FULL NAME	/ /	
ADDRESS NO. & STREET			CITY, STATE & ZIP CODE			
PHONE NO.			EMPLOYEE EMAIL ADDRESS			
<b>2</b>	<b>PLEASE PRINT EMPLOYEE'S CORRECT IDENTIFICATION DATA BELOW</b>	S.S NO. REPORTED	EMPLOYEE NAME REPORTED	LOCAL UNION REPORTED	BIRTHDATE	LAST DAY REPORTED
SOC. SEC. NUMBER			LOCAL UNION NO.	EMPLOYEE'S FULL NAME	/ /	
ADDRESS NO. & STREET			CITY, STATE & ZIP CODE			
PHONE NO.			EMPLOYEE EMAIL ADDRESS			
<b>3</b>	<b>PLEASE PRINT EMPLOYEE'S CORRECT IDENTIFICATION DATA BELOW</b>	S.S NO. REPORTED	EMPLOYEE NAME REPORTED	LOCAL UNION REPORTED	BIRTHDATE	LAST DAY REPORTED
SOC. SEC. NUMBER			LOCAL UNION NO.	EMPLOYEE'S FULL NAME	/ /	
ADDRESS NO. & STREET			CITY, STATE & ZIP CODE			
PHONE NO.			EMPLOYEE EMAIL ADDRESS			
<b>4</b>	<b>PLEASE PRINT EMPLOYEE'S CORRECT IDENTIFICATION DATA BELOW</b>	S.S NO. REPORTED	EMPLOYEE NAME REPORTED	LOCAL UNION REPORTED	BIRTHDATE	LAST DAY REPORTED
SOC. SEC. NUMBER			LOCAL UNION NO.	EMPLOYEE'S FULL NAME	/ /	
ADDRESS NO. & STREET			CITY, STATE & ZIP CODE			
PHONE NO.			EMPLOYEE EMAIL ADDRESS			
<b>5</b>	<b>PLEASE PRINT EMPLOYEE'S CORRECT IDENTIFICATION DATA BELOW</b>	S.S NO. REPORTED	EMPLOYEE NAME REPORTED	LOCAL UNION REPORTED	BIRTHDATE	LAST DAY REPORTED
SOC. SEC. NUMBER			LOCAL UNION NO.	EMPLOYEE'S FULL NAME	/ /	
ADDRESS NO. & STREET			CITY, STATE & ZIP CODE			
PHONE NO.			EMPLOYEE EMAIL ADDRESS			
<b>6</b>	<b>PLEASE PRINT EMPLOYEE'S CORRECT IDENTIFICATION DATA BELOW</b>	S.S NO. REPORTED	EMPLOYEE NAME REPORTED	LOCAL UNION REPORTED	BIRTHDATE	LAST DAY REPORTED
SOC. SEC. NUMBER			LOCAL UNION NO.	EMPLOYEE'S FULL NAME	/ /	
ADDRESS NO. & STREET			CITY, STATE & ZIP CODE			
PHONE NO.			EMPLOYEE EMAIL ADDRESS			
<b>7</b>	<b>PLEASE PRINT EMPLOYEE'S CORRECT IDENTIFICATION DATA BELOW</b>	S.S NO. REPORTED	EMPLOYEE NAME REPORTED	LOCAL UNION REPORTED	BIRTHDATE	LAST DAY REPORTED
SOC. SEC. NUMBER			LOCAL UNION NO.	EMPLOYEE'S FULL NAME	/ /	
ADDRESS NO. & STREET			CITY, STATE & ZIP CODE			
PHONE NO.			EMPLOYEE EMAIL ADDRESS			
<b>8</b>	<b>PLEASE PRINT EMPLOYEE'S CORRECT IDENTIFICATION DATA BELOW</b>	S.S NO. REPORTED	EMPLOYEE NAME REPORTED	LOCAL UNION REPORTED	BIRTHDATE	LAST DAY REPORTED
SOC. SEC. NUMBER			LOCAL UNION NO.	EMPLOYEE'S FULL NAME	/ /	
ADDRESS NO. & STREET			CITY, STATE & ZIP CODE			
PHONE NO.			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 15219-51**  
**PHONE: (412) 263-0900**  
**www.lcfowpa.com**