

I.A.T.S.E. NATIONAL BENEFIT FUNDS

Form for Reporting Non-reported/Non-credited Covered Employment

Please return this form, completed by you, along with any applicable pay-stubs or W2's which will help us collect any contributions due you. Any additional supporting information along with applicable detail will expedite the process.

Your Name: _____ Your Social Security Number: _____

Address where we can contact you: _____ Today's Date: _____

_____ Home Local : _____

Your Phone # _____

| Name of Production/Job | Employer Name | Date(s) Worked | #Days Worked | Fund you are inquiring into | \$ Amount of contribution missing |
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Please mail this completed form to:

***IATSE National Benefit Funds
417 Fifth Avenue 3rd Floor
New York, NY 10016***