

I.A.T.S.E. National Benefit Funds

Form for reporting Non-reported/Non-Credited covered employment contributions

Please return this form, completed by you, along with any applicable pay-stubs or W2's along with any fully executed "Home Plan Side Letter" (if applicable), which will help us in collecting any contributions due to you. Any additional supporting information along with applicable detail will expedite the process.

Today's Date: _____

Your Name: _____

Your Social Security Number: _____

Home Local: _____

Current Address: _____

Phone number: _____

Name of Production/Job	Employer Name	Date(s) worked	# of days worked	Fund you are inquiring about	\$ amount of missing contribution

Please mail form to: I.A.T.S.E. National Benefit Funds
417 Fifth Avenue, 3rd Floor
New York, NY 10016

Email to: PSC@iatsenbf.org
Fax#: 646-783-7650