



**FORM FOR REPORTING NON-REPORTED/NON-CREDITED  
COVERED EMPLOYMENT CONTRIBUTIONS**

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

**Your Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_  
**Social Security Number or NBF ID #:** \_\_\_\_\_ **Home Local:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

Name of Production/Job	Employer Name	Work Location	Dates Worked	# of Days Worked	Missing Funds(s)*	Amount of Missing Contribution

\*Health, Pension, Annuity and./or Vacation

**If you are requesting assistance locating a missing 401(k) contribution, please submit your signed Salary Deferral Agreement along with this missing contribution form to facilitate your request.**

Please submit form to  
IATSE NATIONAL BENEFIT FUNDS

E-Mail:	<a href="mailto:PSC@iatsenbf.org">PSC@iatsenbf.org</a>
Fax #:	646-783-7650
Mail:	417 Fifth Avenue, 3 <sup>rd</sup> Floor, New York, NY 10016