

TABLE Benefit Arrangement and Assignment

PRODUCTION: _____
LOCATION: _____
DATE: _____

It is hereby agreed by and between "The Employer" and I.A.T.S.E. Local 500, the collective bargaining representative of the Employer's shop employees, that the Employer agrees to contribute for such employees of wages to the I.A.T.S.E. National Health and Welfare Fund and of wages to the I.A.T.S.E. Annuity Fund, and to be bound by the Agreement and Declarations of Trust establishing those funds.

1. Said contributions shall be paid within 7 days of the close of the period covered by this form and shall be accompanied by this form. Contributions shall be paid by check made payable and sent as directed below.

2. By signing this form the employer, through it's authorized agent agrees that the hours worked and wages due as shown hereon are correct, for the

a.) wages,

b.) annuity, and health and welfare funds contributions as shown hereon are due and owing, and that the employer agrees to the terms and conditions set forth above.

[illegible]