CARPENTERS SERVICES ADMINISTRATIVE CORPORATION

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Los Angeles, CA 90071-3203

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csacbenefits.org

Application for C4A Program Participation

Employer Name: _____ License # _____C4A

Employee/Applicant's Name: _____ Title: _____

Home Address: _____

Social Security: _____ Date of Birth: _____

Member ID and/or UBC#: _____ Date of Hire: _____

Compensation: (Dollar Amount per week or month, or if paid by the hour, current hourly rate): _____

Has the applicant ever been reported on the C4A program while employed by your company? ☐ Yes ☐ No

If yes, please explain**:** _____

Please check the space next to the category which best describes the Employee/Applicant.

☐ past participant unit employee ("Bargaining Unit Alumni"),
☐ owner,
☐ manager,
☐ administrative,
☐ non-bargained employee,
☐ non-construction employee

The undersigned Employer agrees to make contributions to the following Trust(s) on behalf of the above-named Employee/Applicant**:**

_____ Western States Carpenters Health and Welfare Trust _____ Decline Contribution
(Initial) *(Initial)*

_____ Western States Carpenters Pension Trust, and the Western States Carpenters Annuity Plan (if applicable in area)
(Initial)

The undersigned Employer agrees that all contributions will be paid at the hourly rates required by the Collective Bargaining Agreement for 173 hours per month to the Western States Carpenters Health and Welfare Trust, the Western States Carpenters Annuity Plan (when contributions are made to the Annuity Plan as part of the bargaining agreement), and 184 hours per month to the Western States Carpenters Pension Trust, and further agrees to make such contributions for the duration of employment as long as we are bound to a Collective Bargaining Agreement requiring contributions to the Trusts with respect to carpenter employees.

Employer Signature: _____ Date: _____

Employer Title: _____

This Section is for CSAC office use only

Participant Status: _____ Alumni
_____ Full Employer Participation
_____ 700hrs Alumni: _____
(*Year Completed)*

History Verified By: _____ Date: _____

Last Reported Dated: _____ C4A Billing Record Established: _____

Employee Maintenance Record Established: _____ By: _____