

Construction and Specialized Workers' Medical and Benefit Plan of B.C.

cheques payable to: CSW Medical Plan

100 - 19092 26th Avenue, Surrey, BC V3Z 3V7

Phone: 604-538-6640 Fax: 604-538-6680 E-mail: inquiry@lmpbbc.ca

Toll Free Phone: 1-800-964-3666

COMPANY NAME:

Firm #

Address:

Phone: ()

Email:

Date Prepared:

Period Covered:

Prepared by:

JOB LOCATION:

COLLECTIVE AGREEMENT (Name):

SOCIAL INSURANCE NUMBER (SIN#)	Employee's		Straight	Time & 1/2	Double	TOTAL	Other
	Surname	1st Name	Hours	Hours	Hours	Hours	Hours
TOTAL HOURS							

\$ per hour

Total Hours @ Straight Time	0.00		\$0.00
Total Hours @ Time & Half	0.00		\$0.00
Total Hours @ Double Time	0.00		\$0.00
Total Hours @ Other	0.00		\$0.00
Adjustments (over/under payments/deductions OR Other) explain:			
TOTAL REMITTANCE			\$0.00
Method of Payment (please mark "X")	<input type="checkbox"/> CHEQUE	<input type="checkbox"/>	<input type="checkbox"/> EFT