

EMPLOYEE WORK HOUR COMPLAINT

YOUR BENEFITS ARE BASED ON EMPLOYER CONTRIBUTIONS TO THE FUNDS. IF THE INFORMATION SHOWN ON YOUR QUARTERLY STATEMENT IS NOT CORRECT, YOU MUST REPORT ANY DISCREPANCIES TO OUR OFFICE WITHIN 60 DAYS OR THE INFORMATION SHOWN WILL BE CONCLUSIVELY DEEMED TO BE CORRECT.

TO BE FORWARDED TO: OPERATING ENGINEERS JOINT BENEFIT FUNDS OFFICE
1375 VIRGINIA DRIVE, SUITE 102
FORT WASHINGTON, PA 19034

NAME OF EMPLOYEE _____ DISTRICT NO. _____

ADDRESS _____

SOCIAL SECURITY NO. _____ PHONE NO. & AREA CODE _____

FRINGE COMPLAINT _____ ANNUITY COMPLAINT _____ BOTH _____

NAME & ADDRESS OF EMPLOYER	DATES NOT REPORTED	HOURS & WAGES NOT REPORTED	ANNUITY RATE NOT REPORTED	LOCATION OF JOB
-------------------------------	-----------------------	-------------------------------	------------------------------	--------------------

EMPLOYEE SIGNATURE DATE