

## 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.

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**TO BE FORWARDED TO: OPERATING ENGINEERS BENEFIT FUNDS OFFICE**  
**1375 VIRGINIA DRIVE, SUITE 245**  
**FORT WASHINGTON, PA 19034**

NAME OF EMPLOYEE \_\_\_\_\_ DISTRICT # \_\_\_\_\_

ADDRESS \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ PHONE # & AREA CODE \_\_\_\_\_

FRINGE COMPLAINT \_\_\_\_\_ ANNUITY COMPLAINT \_\_\_\_\_ BOTH \_\_\_\_\_

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

\_\_\_\_\_  
DATE