



**CARPENTERS
SERVICES
ADMINISTRATIVE
CORPORATION**

445 South Figueroa Street, Suite 1500
Los Angeles, CA 90071-3203

Tel: 213-386-8590 • **Toll Free:** 800-293-1370
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.

- | | |
|---|--|
| <input type="checkbox"/> past participant unit employee ("Bargaining Unit Alumni"), | <input type="checkbox"/> administrative, |
| <input type="checkbox"/> owner, | <input type="checkbox"/> non-bargained employee, |
| <input type="checkbox"/> manager, | <input type="checkbox"/> non-construction employee |

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

<input type="checkbox"/> Western States Carpenters Health and Welfare Trust	<input type="checkbox"/> Decline Contribution
(Initial)	(Initial)

Western States Carpenters Pension Trust, and the Southwest 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 Southwest 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: _____