

**Bricklayers & Allied Craftworkers Local #3
Rochester Chapter
Health & Welfare Fund**

33 Saginaw Drive
Rochester, NY 14623

Phone: (585) 385-1160***Email: tbarry@baclocal3ny.com***Fax: (585) 385-9119

PRE-TAX INSURANCE REIMBURSEMENT APPLICATION

Name of Applicant _____ S.S.# _____

Address _____

I am applying for reimbursement of pre-tax medical, dental or vision insurance premiums and I understand that this reimbursement will use HRA monies and will include the payment of necessary taxes. This amount will be included on my W-2 from the Funds office at the end of the year.

Participants Signature

Date

Pick Up Check (FRIDAY)

FOR OFFICE USE ONLY

4704: _____

FICA/EFICA: _____

Approved: _____

Fed. Tax (20%): _____

SUTA: _____

Date: _____

State Tax (5%): _____

FUTA: _____