

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

1175 William Street  
Buffalo, NY 14206

Phone: (716) 842.1318 \*\*\*Email: [claimsbuf@baclocal3ny.com](mailto:claimsbuf@baclocal3ny.com)\*\*\*

**TUITION APPLICATION**

**Name of Member** \_\_\_\_\_

**Address** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

**Benefit for:** Member \_\_\_\_\_ Dependent \_\_\_\_\_

**Name of Dependent(s) (If Applicable):** \_\_\_\_\_

**Dependent Social Security No(s):** \_\_\_\_\_

**Name of School:** \_\_\_\_\_

**Courses:** \_\_\_\_\_

**CERTIFICATION**

I, the undersigned, do hereby attest that the bills and/or receipts I have submitted are valid provided by the Plan of the Bricklayers & Allied Craftworkers Local #3 Rochester Chapter Health & Welfare Fund. I do further grant the Administrator of said Fund permission to issue reimbursement from the individual reserve in my name in whole or in part in accordance with the provisions of the Plan.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Pick Up Check  (FRIDAY)

**FOR OFFICE USE ONLY**

03: \_\_\_\_\_ EFICA/FICA: \_\_\_\_\_

Fed Tax (20%): \_\_\_\_\_ SUTA: \_\_\_\_\_

State Tax (6.85%): \_\_\_\_\_ FUTA: \_\_\_\_\_

**Approved By:** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_