



Rocky Mountain Chapter IEC, Inc.  
**IEC Training Fund, Inc.**  
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## Fringe Benefit Attachment for Employer Acceptance Agreement

Employer Acceptance Agreement continued:

Employer: \_\_\_\_\_

Date: \_\_\_\_\_

Fringe Benefit Payments:\*

Occupational Class: Electrician

Period of Apprenticeship	Hourly Value of Benefits Provided (add other columns as Necessary)					
	Health Insurance	Pension	Vacation	Apprentice Program	Other	Other
Period 1						
Period 2						
Period 3						
Period 4						
Period 5						
Period 6						
Period 7						
Period 8						
1 <sup>st</sup> Year Journeyman						

\* Note: The table should be modified per individual company benefit plans. The size, layout, and number of columns may be adjusted as necessary to reflect the individual company's benefit plan. The columns should reflect the types of benefits the individual company provides calculated on an hourly basis. The rows should reflect the dollar amount contributed by the employer toward each type of benefit. If during certain periods of his/her apprenticeship, apprentices are not eligible for a particular benefit, those columns should simply reflect zero (0).

A form must accompany each employer's acceptance agreement. If no form is supplied, it is expected that the Wage and Hour Division will default all benefits to the journeyman's level.