ASSOCIATED BUILDERS AND CONTRACTORS SOUTHERN CALIFORNIA CHAPTER

APPRENTICESHIP PROGRAM INSURANCE TRUST

Effective June 01, 2025

Company Name: _____
Group Number: **57S84A**
Hours Worked Month of: _____

Employee Last Name	Employee First Name	Social Security #	Hours Worked	Hourly Rate =	Total Contribution
				$8.23	
				$8.23	
				$8.23	
				$8.23	
				$8.23	
				$8.23	
				$8.23	
				$8.23	
				$8.23	
				$8.23	
				$8.23	
				$8.23	
				$8.23	
				$8.23	

Prepared by: _____
Date: _____ 20____
Check #: _____

Subtotal: _____
Late Fee: _____
Total: _____

Make check payable to: ***ABC SoCal Benefit Trust Fund***

Mail the Contribution Report and Funds to:

Regular Mail:
Polycomp
PO Box 12630
San Diego, CA 92112
Attention: Sue Janowski

Overnight Mail:
Polycomp
530 B Street, Ste 900
San Diego, CA 92101
Attention: Sue Janowski

Telephone (619) 683-2030 and Fax (619) 683-2377

NOTE: This report and funds are **DUE BY the 10th** of the following month. Contributions must be received by **Polycomp** no later than the **15th** of the following month or a late fee of **10%** will apply.