

CONTRACTOR FRINGE BENEFIT STATEMENT (CFBS)

Instructions: Contractors must submit one CFBS per project (with the first payroll submission). During the project, contractors shall provide updates if changes are made to the benefits listed below. E-mail completed forms to certifiedpayroll@queencreekaz.gov. Subcontractors submit to the General Contractor, the GC will forward to the TOQC.

Section A: Contractor/Project Information

1. Contractor		2. Contract/Project No.	
3. Printed Name of Person Completing Form		4. Phone Number and Email of Person Submitting Form	

Section B: Company Benefits

5. Method(s) of Compensation to Employees for Fringe Amounts

(How is the contractor paying fringe as required by US DOL Prevailing Wage Decision(s)?) *(Check all that apply)*

a. Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No	If cash only, no further information is required on this form.	
b. Fringe Benefits*	<input type="checkbox"/> Yes <input type="checkbox"/> No	If fringe benefits are provided to employees as a means of compensation, or if fringe is paid in combination with cash payments, complete Sections C and/or D below. Starting on 4/1/2022, If b is checked yes, e-mail the company's fringe benefit declaration worksheet to certifiedpayroll@queencreekaz.gov. (This sheet is something that the company might provide to its employees (at open enrollment) that demonstrates the employee cost of insurance vs the employer cost. If the company does not have this, employers must fill out TOQC's Fringe Benefit Declaration.)	
c. What day of the week does your payroll begin?		e. What day do you pay your employees on?	
d. What day of the week does your payroll end?			

***Definition of Fringe Benefit Plan**Bona fide fringe benefits are described in detail in the [DOL Field Operation Handbook, 15f11](#), and include:

- Funded benefit plans:

Insurance: Life, health, dental

Pension and 401K

Examples of items not considered bona fide fringe benefits include, but are not limited to the following:

- Deductions required by law such as taxes, social security, worker's compensation, or unemployment compensation
- Personal use of a company vehicle
- Holiday cash bonus or food item
- Suggestion awards
- Recruitment bonuses
- Tools and other materials or services incidental to the employee's performance of the contract
- Cost of furnishing, laundering, and maintaining uniforms or equipment where the contractor requires the employee to wear those items
- Cost of social functions, association dues, paid coffee breaks

Section C: Funded Fringe Benefit Plans

6. Do you have a self-funded insurance, retirement plan, and/or other unfunded benefits (vacation, holiday, and sick leave)? (If yes, complete section D.) Yes No

7. Funded Fringe Benefit Plans Provided by the Contractor (in Section A, Box 1)
(If additional space is needed, a supplemental page may be attached to this form when submitted)

a. Type of Benefit	b. Provider Name	c. Provider Address	d. Provider Phone Number

7e. Notes

Section D: Unfunded / Self-Funded Fringe Benefit Plans

Definition of Unfunded Fringe Benefit Plan

An unfunded or self-funded fringe benefit plan (as defined in [29 CFR 4.171](#)) is one under which contractors make “out of pocket” payments to provide benefits as expenses may arise rather than making irrevocable contributions to a trust or third party source. An example of a common self-funded plan is a contractor making payments toward health insurance from a general fund. Other common unfunded fringe benefits include paid holidays, vacation, or sick time.

If a contractor is using an unfunded (or self-funded) plan, they must obtain a US DOL determination (in writing) as to whether the benefits and the plan are “bona fide”, by submitting the plan to the following address or via email to Unfunded@dol.gov:

Branch Chief
 Branch of Government Contracts Enforcement
 Wage and Hour Division, Room S-3006
 U.S. Department of Labor
 200 Constitution Avenue, NW
 Washington, D.C. 20210

If you do not have approval from the US DOL currently, please upload a copy of the letter/email (to certifiedpayroll@queencreekaz.gov) that was sent to the DOL requesting approval. Once the determination is received from the DOL, please e-mail it to certifiedpayroll@queencreekaz.gov as well.

8. Unfunded / Self-funded Fringe Benefit Plans Provided by the Contractor in A1) – Requires USDOL Approval
 (unfunded / self-funded health insurance plans, holiday, sick leave, etc.)

a. Type of Benefit	b. USDOL Approval Date <i>(attach approval)</i>
