

Contractor Fringe Benefit Statement (CFBS) Form Instructions

At the top right side of the form, please enter today's date.

Section A: Contractor / Project Information

This Section A is attempting to gather basic information.

1. Enter the name of the contractor for whom this CFBS applies
2. Enter the contract/project number for the project. (If you don't know the number for this project, please reach out to the prime contractor to get this information.)
3. Print/ type the name of the person completing this form.
4. Enter the phone number and email for the person that is submitting this form.

Section B: Company Benefits

This section is seeking to find out more information about the method(s) of compensation to employees as it relates to fringe benefits required by the US DOL Prevailing Wage Decisions. While both cash fringe and fringe benefits are acceptable to be included in the payment for Davis-Bacon wages, there are stipulations from the Department of Labor regarding those benefits. Either a or b or both can be checked as appropriate.

5a. Check yes or no as appropriate to indicate if the contractor is paying cash for the "fringe benefit" part on the wage decision.

5b. Check yes or no as appropriate to indicate if the contractor is paying bona fide fringe benefits as a means of compensation. After 4/1/2022, If bona fide fringe benefits are being paid as a means of compensation, it will be required that the contractor upload a copy of the contractor's fringe benefit declaration page (this is something that is usually provided to its employees at open enrollment.) Or, if the contractor does not have this, employers must fill out TOQC's fringe benefit declaration.

5c. Enter the day of the week that payroll begins.

5d. Enter the day of the week that payrolls ends.

5e. Enter the day of the week that employees are paid.

Section C: Funded Fringe Benefits Plans

6. Check yes or no as appropriate to indicate if the offered fringe benefits are self-funded. (If they are self-funded but don't yet have DOL approval, contractors must fill out both section C and Section D, and they must also upload the letter sent to the DOL asking for permission to use the self-funded plan as bona fide benefits. If contractors already have approval from the Department of Labor, they must fill out section C and attach the DOL approval and email to certifiedpayroll@queencreekaz.gov.)

7. In this area, contractors will list all the available bona fide benefits.
- 7a. Enter the type of benefit. (EX: health, dental, etc.)
- 7b. Enter the name of the provider. (EX: United Health or Kaiser Permanente)
- 7c. Enter the address of the provider. (EX: 123 Health Lane, Denver, CO 81550)
- 7d. Enter the phone number of the provider.
- 7e. Enter any notes in this section that you would want TOQC to know. (EX: Pension Plans are paid as percentages so the amount will differ weekly.)

Section D: Self-funded / Unfunded Fringe Benefit Plans

This section is seeking information relating to unfunded or self-funded benefit plans. Unfunded and self-funded benefit plans that are provided by the Contractor require US DOL approval. If you do not have it, you will have to write in for it.

- 8a. Enter the type of benefit (paid holidays, paid vacation, paid sick time)
- 8b. Enter the date of the US DOL approved the unfunded or self-funded benefit plan and e-mail the approved letter to certifiedpayroll@queencreekaz.gov.