



DUAL BENEFITS REIMBURSEMENT FORM

Open-shop contractors are entitled to reimbursement from the City for the contribution the contractor makes into employer-sponsored benefit plans, while also being required to pay into a union trust fund. Reimbursement is available for qualifying costs on employer-sponsored benefit plans for the hours an employee works on the CWA project, assuming they have been covered by the employer-sponsored benefit plan already.

Submittal date:

TO: City Purchasing and Contracting Services
LaborEquity@seattle.gov
(206) 615-1112 (Allison Calvert)

PROJECT:

PUBLIC WORKS CONTRACT NUMBER:

COMPANY NAME:

CONTACT (person the City can call with questions about the request):

Name

Phone #

To request reimbursement:

- Fill out this form
- Create an invoice for the amount requested addressed to the Project Manager
- Attach all required verification as noted below
- Submit to LaborEquity@seattle.gov for approval.

Month	Name of worker(s) for whom your company seeks reimbursement:	Total hours worked by employee in designated month	Hours worked on CWA project in designated month	Monthly Rate (% hours worked on CWA project)	Monthly employer-sponsored benefit cost	Amount requested for reimbursement
August	John Doe	180	90	.5	\$800	\$400
	Click here to enter text.					



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Required Verification

Please provide the following documentation. A request cannot be processed until documentation in all of these categories is received.

1. **Invoice**: Attach a copy of an invoice for the reimbursement amount you are requesting.
2. **Proof of coverage**: Attach a copy of employer-sponsored benefit plan(s) which provide proof of coverage for usual benefits.
3. **Proof of coverage 90 days prior to work on CWA project**: Attach documentation showing that core workers received employer-sponsored benefits within the last 90 days prior to the contractor's work on the CWA project.
4. **Proof of current coverage**: Attach documentation showing that core workers are continuing to receive employer-sponsored benefits during the time period for which reimbursement is being requested.
5. **Proof of payment to employer-sponsored plan**: Attach documentation (copy of check, bank draft, receipt, etc.) showing the total amount paid into the employer-sponsored plan and the amount paid on behalf of each core worker. Only submit documentation for the time period for which reimbursement is being requested.
6. **Proof of payment to union trust fund**: Attach documentation (copy of check, bank draft, receipt, etc.) showing the total amount paid into the union trust fund and the amount paid on behalf of each core worker (this is commonly found on the union trust remittance form). Only submit documentation for the time period for which reimbursement is being requested.
7. **Payment record from union trust fund**: Confirmation of payment acceptance from the union trust fund on behalf of each core worker for the time period for which reimbursement is being requested.