

---

---

**BRITISH COLUMBIA COUNCIL OF FILM UNIONS**



PHONE (604) 983-5531

FAX (604) 983-5539

---

**Payments for: Dues, Health and Welfare, Pension Fee Fringe**

**This form is to be used in conjunction with the permit form(s) specific to the applicable Council-member Union**

**Union (Circle One)**    IATSE 891                      IATSE 669                      Teamsters 155

**Permit type (Circle One):**            3.02    3.03    3.04    3.05

**Employee:** \_\_\_\_\_                      **Production:** \_\_\_\_\_

---

**Dues deducted? (Circle One)**    **Yes**                      **No**

Reason: (Check One Box only)

   Paid to Affiliated Union Local                      Local #: \_\_\_\_\_

   Specialized Equipment Operator (non-affiliated)                      Equipment: \_\_\_\_\_

---

**Health & Welfare fringe paid? (Circle One)**    **Yes**                      **No**

Reason: (Check One Box only)

   Paid to Affiliated U.S. Union Health Plan                      Local #: \_\_\_\_\_

   Forwarded to Affiliated Canadian Union Local                      Local #: \_\_\_\_\_

---

**Pension fringe paid? (Circle One)**    **Yes**                      **No**

Reason: (Check One Box only)

   Paid to Affiliated U.S. Union Pension Plan                      Local #: \_\_\_\_\_

   Forwarded to Affiliated Canadian Union Local                      Local #: \_\_\_\_\_

---

**Date:** \_\_\_\_\_                      **per:** \_\_\_\_\_  
**(Authorized Council-member Union Representative)**