
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)