MONTHLY BENEFIT REPORTING FORM FOR
SOUTHERN CARPENTERS

SUPPLEMENTAL PENSION PLAN

Page _____ of _____

Firm _____

Address _____

_____
City State Zip

Job Location _____

TVA ☐ Yes ☐ No

DOE ☐ Yes ☐ No

Report for the month of _____

Report due by the 15th of the month

Check here when more forms are needed ☐

Check here if final report ☐

Name of Employees Last	First	Init.	Social Security Number	Total Hours Worked	Supplemental Pension Contributions
		Total this page			
		Total all pages			

Mail the top copy of this form and one check to:

Southern Carpenters
Supplemental Pension Plan
c/o Southern Benefit Administrators, Inc.
P.O. Box 1449 • Goodlettsville, TN 37070-1449

Retain bottom copy of this form for your records.

Firm's Federal I.D. No. _____ Firm's Phone # _____

Signature and Title of Person Completing This Form _____

Date _____

SCSPPMRF