



**Laborer's District Council
of the Metropolitan Area of Philadelphia and Vicinity Benefit Funds
(Laborers' Local Unions 57, 135, 332 and 413)**

**Covering the Five County Areas of Philadelphia and Vicinity
(Bucks, Chester, Delaware, Montgomery, and Philadelphia Counties)**

CONTRIBUTIONS REPORTING CORRECTION REQUEST FORM

The iRemit Contributions Reporting Correction Request Form (CRCRF) can be used to address most submission errors. Please complete and fax to (215) 765-0497 or email to iremit@ldc-phil-benefits.org.

1. Please indicate the type(s) of correction(s):

- | | |
|--|--|
| <input type="checkbox"/> Employee Name | <input type="checkbox"/> Contract |
| <input type="checkbox"/> Employee Social Security Number | <input type="checkbox"/> Jurisdiction |
| <input type="checkbox"/> Employee Status (i.e. Apprentice; Journeyman) | <input type="checkbox"/> Reporting Period |
| <input type="checkbox"/> Hours | <input type="checkbox"/> Refund of contributions paid in error |
| <input type="checkbox"/> Other (please indicate) _____ | |

NOTE: All corrections and refunds are subject to verification.

2. Please provide details of correction below (additional sheets to supplement this form may also be attached).

Company _____

Name of person submitting request (printed) _____

Phone Number _____ Fax Number _____ E-mail _____

Signature _____ Date _____