



c/o BeneSys Administrators
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PARTICIPANT WORK STATEMENT CORRECTIONS

NAME: _____ SOC. SEC. NO.: - -

TEL: DAY: _____ EVENING: _____ CELL: _____
 EMAIL: _____

IMPORTANT-Please review your work records and compare them against your Participant Work Statement. If days worked during that period do not appear on the statement, list the job below. Be sure to list all the information requested for each job in order that crediting delays may be avoided.

PLEASE NOTE: YOU **MUST** SUBMIT, WITH YOUR CORRECTION FORM, PAYSTUBS, CALL SHEETS, OR PAYROLL RECORDS FOR DAYS NOT RECORDED ON THE EMPLOYER WORK STATEMENT. WE CANNOT PROCESS ANY CORRECTION REPORT WITHOUT A PAYSTUB THAT SHOWS THAT THE DAY WAS WORKED AND THAT YOU THE MEMBER RECEIVED PAYMENT FOR THAT DAY.

Mail completed form and supporting documentation to:

PHBP, c/o BeneSys Administrators, P.O. Box 2340, West Covina, CA 91793.

COMPANY	# OF DAYS	SPECIFIC DATES EXAMPLE 9/1/13, 9/2/13, 9/6/13
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		