[Date]

Attn: Retirement Director
Massachusetts Laborers’ Benefit Funds
PO Box 1501
1400 District Ave, Suite 200
Burlington, MA 01803-1501

To MLBF:

I am writing in regards to my participation in the Massachusetts Laborers’ Benefit Suspension Carve-out Program as [title of position] at [signatory contractor]. I am confirming that the information in my original letter concerning eligibility for the program is still accurate.

[Signature]

[Name]