[On Contractor Letterhead]

[Date]

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

To MLBF:

My name is \_\_\_\_\_\_\_\_\_\_\_. I am the \_\_\_\_\_\_\_\_\_\_\_ of [the signatory company]. I am writing to apply for Massachusetts Laborers’ Pension Fund Carve-out Program on behalf of our company and [name of employee/member]. Below is the relevant information:

1. [full name of employee/member]
2. [current age of employee/member]
3. [name of signatory contactor]
4. [position you are applying for under carve-out program]
5. [general description of job duties for the position]

I confirm that [name of employee/member] will not be directly supervising Laborer employees. I also confirm that we have not historically made contributions to the Massachusetts Laborers Benefit Funds for this type of position. Finally, I confirm that I will notify MLBF if any of the above information, as I understand it may make the employee/member no longer eligible for the program.

[Signature]

[Name]