

ASE-LOCAL 1 SUBSTANCE ABUSE PROGRAM

COMPANY INFORMATION FORM

To: Associated Steel Erectors and Ironworkers Local #1

Re: ASE-Ironworkers Local #1 Substance Abuse Program

In accordance with the 2009 Collective Bargaining Agreement, all Local #1 Ironworkers are required to participate in the ASE-Local #1 Substance Abuse Program commencing June 1, 2010.

The following individual will serve as the Designated Employer Representative (DER) for our company and should receive all communications relating to the ASE-Local #1 Substance Abuse Program::

Name _____ Title _____

Phone _____ Fax _____

E-Mail _____

As of this date our company has _____ employees (attach list of names & social security numbers).

Company _____

Address _____

By (signature) _____ Title _____

Name (printed) _____ Date _____

NOTE: Upon receipt of this form, the Third Party Administrator (Bensinger-Dupont & Associates) will send Program instructions and forms to the Designated Employer Representative (DER) listed above.

Mail or fax this form to:

Associated Steel Erectors, 119 E. Van Buren St., Elmhurst, IL 60126
(Phone 630-530-7560) **Fax: 630-530-2756**