



City of Seattle

PREVAILING WAGE TRUST PAYMENT WAIVER APPLICATION

Approved

Declined

Date:

Authorized By:

The contract your company has been awarded requires the payment of Prevailing Wages (PW) to all eligible employees. The prevailing wage rates which went into effect for *King County August 31, 2013* are the established prevailing wage rates for the *Seattle Seawall Community Workforce Agreement (CWA)*, are listed by classification at www.LNI.wa.gov and should be reviewed for each covered employee classification within the scope of work of the awarded contract.

Employers who are not signatory to a union agreement which automatically include trust fund payments on behalf of its workers may make payments to the Union Health and Welfare and/or Pension Trust Funds which cover the specific trade classification(s) of their employees **OR** they may apply for a waiver of those trust fund payments, for their qualified "core workers" by meeting ALL of the following conditions:

1. The employer must have an existing wage and benefit structure in place that is equal to or greater than the established prevailing wage for EACH classification of worker it employs under the terms of the contract it is awarded.
2. The employee(s) for whom continued coverage under the company plan will be maintained must be qualified "core employee(s)" under the terms of the CWA.
3. The employer must provide evidence of the wage structure in place for each core worker under consideration for a minimum period of six (6) months prior to the award of the contract for which they are applying for a waiver.
4. The employer must maintain the approved wage package for the duration of the contract for each qualified core employee.

The employer will submit ALL approved wage package information through the established certified payroll submission process. All employers of any tier, including those with core employees, will participate in the appropriate union plans for their Union-referred employees.

All employers who have satisfied the Health and Welfare and Pension benefit obligation for their core employees, either through a company plan or a union plan, may pay all other benefits stipulated in the appropriate prevailing wage determination on the employees check.

Employers are advised that the City of Seattle will review and approve or deny the Prevailing Wage Trust Payment Waiver Application in accordance with the standards and intent of the CWA governing the contract award. Any dispute arising from the Prevailing Wage Trust Payment Waiver Application and any decision made by City personnel tied to this application is subject to the grievance process outlined in the CWA governing the contract award. ALL parties will use the grievance process to address issues related to this process. Employers are encouraged to use the "Additional Information" section to explain any special circumstance they feel may be pertinent to the application and may attach additional pages if required.

Employers certify by their acceptance of the contract award that they are subject to payment of wages equal to OR greater than established prevailing wage rates and therefore acknowledge that the approval of this application does NOT exempt the employer from payment of prevailing wages and this process is designed only to address the form in which the correct prevailing wage rates are paid to workers who perform covered work on awarded City of Seattle projects.

Please submit this application and all supporting documentation a minimum of three (3) business days prior to the commencement of work to seawallcwa@seattle.gov.

TOTAL COMPENSATION						
Employer Name: Employer Address: Authorized Contact Person: Contact Phone: Date:						
	{Employer Total Compensation}	{Employer Wages}	{Employer Benefits}	{PW Total Compensation}	{PW Wages}	{PW Benefits}
Employee Name:						
SS# last 4:						
Employee Name:						
SS# last 4:						

ADDITIONAL INFORMATION:

Benefits Analysis Sheet

Use this to compare benefits packages from providers you are using to establish Prevailing Wage packages. Type provider name in the {Provider} placeholder and Classifications at the top of each column and enter itemized information to compare information at a glance. **Your application is subject to rejection if the Prevailing Wage rates listed are found to be incorrect – please verify you are using the correct rates for each worker and each classification.**

Health				
HEALTH PLAN	{Provider}	{Classification 1}	{Classification 2}	{Classification 3}
Employer Cost:				
Employee Cost:				
Covered:				
Not Covered:				
Additional Information:				

Dental				
DENTAL PLAN	{Provider}	{Classification 1}	{Classification 2}	{Classification 3}
Employer Cost:				
Employee Cost:				
Covered:				
Not Covered:				
Additional Information:				

Vision				
VISION PLAN	{Provider}	{Classification 1}	{Classification 2}	{Classification 3}
Employer Cost:				
Employee Cost:				
Covered:				
Not Covered:				
Additional Information:				

Life				
LIFE PLAN	{Provider}	{Classification 1}	{Classification 2}	{Classification 3}
Employer Cost:				
Employee Cost:				
Covered:				
Not Covered:				
Additional Information:				

Retirement				
RETIREMENT PLAN	{Provider}	{Classification 1}	{Classification 2}	{Classification 3}
Employer Cost:				
Employee Cost:				
Covered:				
Not Covered:				
Additional Information:				

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