



**Laborers' District Council  
of the Metropolitan Area of Philadelphia and Vicinity Benefit Funds  
(Laborers' Local Unions 57, 135, 332 and 413)**

**Covering the Five County Areas of Philadelphia and Vicinity  
(Bucks, Chester, Delaware, Montgomery, and Philadelphia Counties)**

**ELECTRONIC PAYMENT ENROLLMENT FORM**

Welcome to the Laborers' Benefits Funds of the Metropolitan Area of Philadelphia and Vicinity electronic fringe-benefits reporting and payment system. We are proud to provide this service.

To enroll for electronic payment, you must complete the information requested below and FAX to LDC Benefit Funds at 215.765.0497. If you have any questions, please call employer payment support at 267-546-0444, or email us at [empsupport@myldcbenefits.com](mailto:empsupport@myldcbenefits.com)

Demographic Information	
*Federal Tax Identification Number (EIN)	
*Company Name	
*Company Address 1	
*Company Address 2	
*City	
*State	
*Zip Code	
*Primary Contact Name	
*Primary Contact Phone Number	
*Primary Fax Number	
*Email Address of Primary Contact	

\* Required for enrollment

**Please provide the Name, Email and Phone Number for each authorized user of the Electronic Payment Portal.**

Primary User Information	
Name of Primary User	
Email Address of Primary User	
Phone Number of Primary User	

Other User Information (Optional)	
Name of additional User #1	
Email Address of additional User #1	
Phone Number of additional User #1	

Other User Information (Optional)	
Name of additional User #2	
Email Address of additional User #2	
Phone Number of additional User #2	

The signatory employer designated above acknowledges and agrees that it authorizes the above employees to submit electronic reports and/or contributions on behalf of the signatory employer. In the event any of the above information requires changes, the employer acknowledges its obligation to notify the LDC Benefit Funds of those changes; otherwise, the LDC Benefit Funds shall rely on the information submitted.

Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_

Company \_\_\_\_\_ Date \_\_\_\_\_