

Employers Trust Account Form

Name of business entity: _____

Name of employer: _____

or employer's representative: _____

I hereby declare that the trust account as evidenced by the attached bank statement* from (bank's name) _____

bearing account number _____ will be maintained in:

- Accordance with the requirements of Labor Code section 6501.5 and section 341.7(b)(2) of Title 8 of the California Code of Regulation for purposes of providing medical examinations, consultations and procedures required by section 1529 of Title 8; and,
 - An amount sufficient to cover \$500.00 per employee performing asbestos-related work; and,
- That if any modifications are made to the account which are not consistent with the purposes of Labor Code section 6501.5, the Division will be notified in writing, no later than 48 hours after such notification.

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to make the aforesaid representations on the behalf of the employer.

Signature: _____

Print name and title: _____

Executed this _____ day of _____ 20____ in the city of _____ California.

*Bank account statement dated to within the last month that shows the name of the account holder and bank, bank address and phone number, the account number and the balance.