

**MID CENTRAL OPERATING ENGINEERS HEALTH & WELFARE FUND**  
**EMPLOYER REPORT OF CONTRIBUTIONS**

Please type or print

Telephone area 812 232-4384

Employer Name



- Temporarily Inactive
- Permanently Inactive Due to:
- No longer in business
- Out of area
- Other

FUND NUMBER  
**253**

**CHECK ONE:**

- LOCAL 841
- LOCAL 103
- LOCAL 318
- LOCAL 649

Make Check(s) Payable To:

**Mid Central Operating Engineers  
 Fringe Benefit Funds**

Mail to:

Mid Central Operating Engineers Health &  
 Welfare Fund  
 P.O. Box 9605  
 Terre Haute, IN 47808-9605

I certify that the information contained in this report and the attached schedule is true and correct; that the hours reported represent all wages paid to the Employees in the employ of the named Employer for the period specified.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Prepared by \_\_\_\_\_ Date \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Report for month ending \_\_\_\_\_ Last month reported \_\_\_\_\_

EMPLOYEE NAME	SOCIAL SECURITY NUMBER	WELFARE HOURS	PENSION HOURS	CPF ACCOUNT NUMBER
				<div style="border: 2px solid red; padding: 5px; color: red; font-weight: bold;">                     See back of form for instructions and what county is covered by each Local.                 </div> <p style="margin-top: 20px;">Agreement under which work was performed: _____                      (i.e. Building, Heavy Highway, Other)</p> <p>Worked Performed in County of: _____</p>

FUNDS	TOTAL HOURS	RATES	AMOUNTS DUE	FUNDS	TOTAL HOURS	RATES	AMOUNTS DUE