

# IRON WORKERS DISTRICT COUNCIL OF WESTERN NEW YORK AND VICINITY WELFARE FUND AND PENSION FUND

3445 Winton Place Suite 238 • Rochester, NY 14623-2950 • 585-424-3510

This report covers employment under the jurisdiction of **Iron Workers Local 440**

MONTHLY REMITTANCE REPORT FOR THE MONTH OF \_\_\_\_\_, 20\_\_\_\_ PLEASE SEND MORE FORMS

Covering the payroll periods ending \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**IMPORTANT: REMITTANCE REPORTS ARE DUE THE 15<sup>th</sup> OF THE FOLLOWING MONTH**

Fringe Benefits contributions are required for work performed in the jurisdiction of Local 440 for all hours worked

## Use this form for Apprentices ONLY

Employee Name	Home Local	Social Security #	Gross Wages	Hours	Pension Rate /Hour	Pension Contribution
<b>1<sup>st</sup> Year Apprentices (0-1500 Hours 0%)</b>					N/A	N/A
<b>2<sup>nd</sup> Year Apprentices (1501-3000 Hours (70%))</b>					\$6.79	
<b>3<sup>rd</sup> Year Apprentice (3001-4500 Hours (80%))</b>					\$7.76	
<b>4<sup>th</sup> Year Apprentice (4501-6000 Hours (90%))</b>					\$8.73	
<b>Totals</b>						

Supplemental/ Welfare	Eff 5/2/16	_____ HRS AT \$9.50 P/HR	\$	<b>Send One Copy &amp; One Check Made Payable To:</b> <b>IRON WORKERS DISTRICT COUNCIL OF WESTERN NY</b> 3445 Winton Place, Suite 238 Rochester, NY 14623-2950
Pension	Eff 5/2/16	See rates above	\$	
IWECT	Eff 7/1/03	HRS At \$0.60 P/HR	\$	
I. A. P.	Eff 7/1/97	HRS AT \$0.07 P/HR	\$	
<b>Check Total</b>				

Send copy and (2) Separate Checks for Each Fund Below Payable to Local 440 as indicated:

Local 440 A & E Fund	Eff 5/1/08	_____ Hrs @ \$0.40 P/HR	\$	<b>Iron Workers Local 440</b> 10 Main Street, Suite 100 Whitesboro, NY 13492
Local 440 dues	Eff 7/1/03	4.5 % of Gross Wages	\$	

The undersigned Employer subscribes and agrees to become bound by the terms and conditions of the Agreements and Declarations of Trust creating the Iron Workers District Council of Western New York and Vicinity Pension and Welfare Funds, and any Amendments thereof and any Policies adopted there under and authorizes, ratifies and accepts the appointment of the Employer Trustees and the successors as full and completely as if made by the undersigned and agrees to make the contributions required by the prevailing area bargaining agreement between the union contractors of the area and the Union representing the employees listed herein. The Employer also certifies that none of the persons listed herein is a sole proprietor, partner or self-employed individual.

**Name of Firm** \_\_\_\_\_ **Officer of Firm** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Submitted by** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Project Name(s)** \_\_\_\_\_

TO OBTAIN ADDITIONAL FORMS, GO TO [WWW.IRONWORKERSDCWNY.COM](http://WWW.IRONWORKERSDCWNY.COM)