

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

3445 Winton Place STE 110 • 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 15TH 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 #	Dues	Hours	Pension Rate /Hour	Pension Contribution
1st Year Apprentices (0-1500 Hours 0%)					N/A	N/A
2nd Year Apprentices (1501-3000 Hours (70%))					\$6.37	
3rd Year Apprentice (3001-4500 Hours (80%))					\$7.28	
4th Year Apprentice (4501-6000 Hours (90%))					\$8.19	
Totals						

SUPPLEMENTAL WELFARE	Eff 5/1/13	_____ HRS AT \$8.50 P/HR	\$ _____	Send One Copy & One Check Made Payable To: IRON WORKERS DISTRICT COUNCIL OF WESTERN NY 3445 Winton Place, STE 110 Rochester, NY 14623-2950
Pension	Eff 5/1/11	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	\$ _____	
Check Total				

SEND COPY AND (2) SEPARATE CHECKS FOR EACH FUND BELOW PAYABLE TO LOCAL 440 AS INDICATED TO:

Local 440 A & Fund	Eff 5/1/08	_____ Hrs @ \$0.50 p/hr	\$ _____	Iron Workers Local 440 801 Varick Street Utica, NY 13502
Local 440 dues	Eff 7/1/03	4.5 % of Gross Wages	\$ _____	

List project names:

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 _____

TO OBTAIN ADDITIONAL FORMS, GO TO WWW.IRONWORKERSDCWNY.COM

