

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 9**

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 9 for all hours worked

Use this form for Apprentices ONLY

Employee Name	Social Security #	Savings	Hours	Pension Rate /Hour	Pension Contribution
1 st Year Apprentices (0%)				N/A	
2 nd Year Apprentices (70%)				\$6.48	
3 rd Year Apprentices (80%)				\$7.40	
4 th Year Apprentices (90%)				\$8.33	
Totals					

SUPPLEMENTAL/ WELFARE	Eff 5/1/15	_____ HRS AT \$9.25P/HR	\$ _____	Send One Copy & One Check Made Payable To: IRON WORKERS DISTRICT COUNCIL OF WNY 3445 Winton Place, Suite 238 Rochester, NY 14623-2950
Pension	Eff 5/1/15	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 Separate Checks for Each Fund payable as Indicated To:				Send One Copy & One Check Made Payable To: Iron Workers Local 9 Construction Industry Funds Niagara's Choice Federal Credit Union 3619 Packard Rd Niagara Falls, NY 14303
Apprentice Training Fund	Eff 7/1/03	_____ Hrs @ \$0.40 P/HR	\$ _____	
Local 9 Dues Assessment	Eff 5/1/15	_____ Hrs @ \$2.75 P/HR	\$ _____	
Local 9 Savings		_____ Hrs @ 2.00 P/HR	\$ _____	
Check Total			\$ _____	

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 thereunder 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) _____