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 9** COMBINED MONTHLY REMITTANCE REPORT _______, 20 _____ PLEASE SEND MORE FORMS \square 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 **Employee Name Social Security # Savings** Hours Use this form for Journeymen Only Totals Send Copy & One Check Made Payable To: WELFARE Eff 5/1/13 HRS AT \$7.90 P/HR IRON WORKERS DISTRICT COUNCIL OF WESTERN NY PENSION Eff 5/1/11 HRS AT \$8.70 P/HR Eff 5/01/04 HRS AT \$4.00 P/HR 3445 Winton Place STE 110 Annuity/.SBF **IWECT** Eff 5/1/13 HRS AT \$1.75P/HR Rochester, NY 14623-2950 Eff 7/1/97 I. A. P. _HRS AT \$0.07 P/HR Check Total **Send Copy & One Check Made Payable To:** Apprentice Training Fund Eff 5/1/13 @ \$0.73 p/hr Hrs IRON WORKERS LOCAL 9 Local 9 Dues Assessment CONSTRUCTION INDUSTRY FUNDS Eff 5/1/13 _Hrs @ \$2.63/hr Local 9 Savings Hrs @ \$2.00 p/hr NIAGARA'S CHOICE FEDERAL CREDIT UNION Check Total 3619 Packard Road Niagara Falls, NY 14303 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 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 Title Submitted by Date