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**

COMBINED	MONTHLY REMITT	ANCE REPOR	т		_, 20 P	LEASE SEND MORE	FORMS [
Covering the p	ayroll periods end	ing	,,,,,,			E FOLLOWING N	,
IMPORT	ANI: REMITTA	NCE REPOR	KIS AK	E DUE IH	E 15" OF TH	E FOLLOWING N	IONTH.
Fringe	Benefits contributions	are required for	r work per	formed in the	jurisdiction of I	Local 9 for all hours wo	rked.
	IISE '	гніс елр	M FOE	IOUDN	EYMEN O	VI V	
Fmnl	loyee Name	IIISTON	WIFOR		Security #	Savings	Hours
Employee Name			Bociai Security "		Bavings	Worked	
				I	Totals		
Welfare Pension	Eff 5/1/15 Eff 5/1/15	HRS AT \$8.70 HRS AT \$9.25		S S	Send Copy &	One Check Made Pay RS DISTRICT COUNCIL	vable To:
Annuity/ SBF	Eff 5/1/04	HRS AT \$4.00		S	3445 Winton Pl		OF WINT
IWECT I. A. P.	Eff 5/1/13	HRS AT \$1.75 HRS AT \$0.07		<u></u>	Rochester, NY	14623-2950	
I. A. P.	Eff 7/1/97 Che	HRS AT \$0.07 eck Total	/ P/HK	S S			
Apprentice Training Fund	Eff 5/1/15	HRS	@ \$1.181			end Copy & One Che	
Local 9 Dues Assessment	Eff 5/1/15	HRS	@ \$2.75 1			IRON WORKE	
Local 9 Savings		HRS	@ \$2.00 1			Construction In Niagara's Choice Fe	
			Check To	tal \$		3619 Pacl	
						Niagara Falls,	
The undersigned Employer's District Council of Western ratifies and accepts the app contributions required by the The Employer also certifies to	New York and Vicinity ointment of the Employe e prevailing area bargaini	Pension and We er Trustees and to ng agreement be	lfare Funds the success tween the u	, and any Ame ors as full and mion contractor	ndments thereof a completely as if its of the area and	and any Policies adopted t made by the undersigned the Union representing th	hereunder and authorizes, d and agrees to make the
Name of Firm				Officer of I	irm		
Address				<u> </u>			
Submitted by				Title		Date	
Project Name(s)							