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

3445 Winton Place Suite 110 - Rochester, NY 14623-2950 (585) 424-3510 This report covers employment under the jurisdiction of **Iron Workers Local 9**

COMBINED Covering the p IMPORT	MONTHLY REMIT ayroll periods end	TANCE REPOR ling NCE REPOR	T, , RTS ARE	DUE T	, 20 HE 15 th OF T	PLEASE SEND MORE, HE FOLLOWING	E FORMS [] _, MONTH.
Fringe						Local 9 for all hours w	orked.
Emnl	oyee Name	THIS FOR	M FOR		NEYMEN (al Security #	ONLY Savings	Hours Worked
EIIIÞI	loyee Name			Socia	ii Security #	Savings	Hours worked
					Totals		
					Totals		
Welfare	Eff 5/1/14	HRS AT \$8.40				nal & One Check Mad	
Pension Annuity/ SBF	Eff 5/1/11 Eff 5/1/04	HRS AT \$8.70 P/HR \$ HRS AT \$4.00 P/HR \$					
IWECT	Eff 5/1/13	HRS AT \$1.75	5 P/HR \$				
I. A. P.	Eff 7/1/97	HRS AT \$0.07 leck Total	7 P/HR \$ _. \$		-		
	Ci	eck Total	Ψ.		-		
Apprentice Training Fund	Eff 5/1/14	HRS	@ \$1.08 P	/HR \$_			eck Made Payable To:
Local 9 Dues Assessment	Eff 5/1/14	HRS	@ \$2.69 P	_			ERS LOCAL 9
Local 9 Savings		HRS	@ \$2.00 P	_			Industry Funds ederal Credit Union
			Check Tot	al \$_		~	ckard Rd
						Niagara Fall	s, NY 14303
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 Employ e prevailing area bargain	Pension and We ver Trustees and thing agreement be	lfare Funds, the successo tween the ur	and any Ai rs as full a nion contrac	mendments thereof nd completely as stors of the area an	f and any Policies adopted if made by the undersign d the Union representing t	thereunder and authorizes, ed and agrees to make the
Name of Firm				Officer o	f Firm		
Address				-			
Submitted by				Title		Date	
Project Name(s)							