

**IRON WORKERS LOCAL NO. 12 FRINGE BENEFIT FUNDS**

Telephone # (855)-210-1649

PO Box 5817  
Wallingford, CT 06492

Fax # (203)-284-8656

**REMITTANCE REPORT**

[For - Iron Workers Local 12 Pension Fund, Iron Workers Local 12 Health Fund, Iron Workers Local 12 Joint Training & Education Fund, Iron Workers Local 12 Union and Employers Cooperative Trust, Iron Workers District Council of Western NY Pension Fund, Iron Workers District Council of Western NY Annuity Fund and Upstate New York District Council of Iron Workers and Employers Cooperative Trust]

**COMPLETE BELOW OR ATTACH COMPARABLE PAYROLL DATA**

Covering the period of \_\_\_\_\_, 20\_\_\_\_ JOB LOCATION \_\_\_\_\_

EMPLOYEE NAME FIRST & LAST NAME	SOCIAL SECURITY #	HOURS WORKED
<b>TOTAL HOURS REPORTED</b>		

**\*\*\*DO NOT REPORT APPRENTICES ON THIS FORM \*\*\***

Supp. Pension [\$14.28]  
Health [\$6.50]  
Training & Education [\$1.50]  
I.W.E.C.T [\$1.61]  
Work Assessment [\$2.18] } \_\_\_\_\_ hours @ \$26.07 per hour = \$\_\_\_\_\_ Check Total

Please make check payable to: **Iron Workers Local No. 12 Fringe Benefit Funds**  
Mail form and check for above amount to: **PO Box 5817 Wallingford, CT 06492**

Pension [\$2.78]  
Annuity [\$4.25]  
Upstate Employers: [\$0.04] } \_\_\_\_\_ hours @ \$7.07 per hour = \$\_\_\_\_\_ Check Total

Please make check payable to: **Iron Workers District Council of Western NY**  
Mail form and check for the above amount to: **3445 Winton Place, Ste. 238, Rochester, NY 14623-2950**

By executing and submitting this remittance report and/or contributions/deductions to the Fund and Union identified on this report, the Employer agrees that if is bound by the terms and conditions of a Collective Bargaining Agreement with Iron Workers Local Union No. 12 ("Union") and the Agreements and Declarations of Trust of the Funds identified on this report, together with any restatements or amendments thereto and any policies adopted thereunder. Further, the Employer authorizes, ratifies and accepts the appointment of the Employer Trustees and their successors as if made by the undersigned and certifies that none of the persons listed on this report is a sole proprietor, partner or self-employed individual.

Company Name \_\_\_\_\_ Federal ID# \_\_\_\_\_ Company Officer \_\_\_\_\_

Address \_\_\_\_\_ Telephone# \_\_\_\_\_ FAX # \_\_\_\_\_

Submitted By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_