IRON WORKERS LOCAL NO. 12 FRINGE BENEFIT FUNDS

PO Box 5817
Wallingford, CT 06492
Telephone # (855)-210-1649
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
TOTAL HOURS REPORTED		

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

Supp. Pension [$13.43]
Health [$6.50]
Training & Education [$1.25]
I.W.E.C.T [$1.40]
Work Assessment [$1.58]

_____ hours @ $24.16 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 [$2.48]
Annuity [$3.75]
Upstate Employers: [$0.07]

_____ hours @ $6.30 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 _____