# PLUMBERS LOCAL 98

**PO BOX 159**
**TROY, MI 48099-0159**
**PHONE: (248) 641-4988 TOLL FREE: (866) 646-8919**

## EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

**JOURNEYPERSON** **SEC 110**

**MONTH:** _____ **FROM:** _____ **TO:** _____

THIS REPORT WITH PAYMENT MUST BE **RECEIVED** BY THE PLUMBERS LOCAL 98 TRUST FUNDS NO LATER THAN THE **15th OF THE MONTH** FOLLOWING THE MONTH IN WHICH THE HOURS WERE WORKED. REMITTANCE IS BASED ON ALL ACTUAL HOURS WORKED. WAGE REDUCTION REMITTANCE IS BASED ON STRAIGHT TIME HOURS NOT TO EXCEED 40 HOURS PER WEEK.

| SOCIAL SECURITY NUMBER | EMPLOYEE NAME | STRAIGHT TIME | OVER TIME | DOUBLE TIME | TOTAL HOURS WORKED (A) | TOTAL HOURS REPORTED | WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | STRAIGHT TIME (B) | RATE | AMOUNT (C) |
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| | **TOTAL** | | | | | | | | |

**TOTAL HOURS (A)** _____ **X $29.78** **$** _____

**WAGE REDUCTION (B)** _____ **HOURS** **TOTAL (C ) $** _____

**TOTAL THIS REPORT $** _____

**MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98**
**MAIL TO: PLUMBERS LOCAL 98**
**PO BOX 638043**
**CINCINNATI, OH 45263-8043**

**SPECIAL NOTE:** FAILURE TO FILE THIS REPORT ON TIME OR CALCULATED INCORRECTLY WILL RESULT IN A LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANCE AMOUNT. THE LIQUIDATED DAMAGES CHARGE IS 10 % OF THE REMITTANCE AMOUNT BUT NOT LESS THAN $15.00.

| FRINGE BENEFITS | |
|---|---|
| PENSION FUND | $15.10 |
| INSURANCE FUND | $9.50 |
| DEF CONTRIB FUND | $0.00 |
| WORK DUES FUND | $1.63 |
| GEN. DUES FUND | $0.40 |
| SUB FUND | $0.69 |
| SUB FUND-INDIVIDUAL | $0.40 |
| TRAINING FUND | $1.44 |
| INT'L TR FUND | $0.10 |
| PIP EDU COUNCIL FUND | $0.52 |
| IAR FUND | $0.00 |
| **TOTAL** | $29.78 |

EMPLOYERS NOT PAYING THE **$.52** TO THE PIPING EDUCATIONAL COUNCIL FUND MUST ALLOCATE THE **$.52** TO THE TRAINING FUND.
PLEASE CHECK HERE IF APPLICABLE: _____ **TRAINING FUND**
IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THE **$.52** DIRECTLY TO THE PIPING EDUCATIONAL COUNCIL.

**ADMINISTRATIVE USE ONLY**

**DATE RECEIVED:** _____

**DEPOSIT DATE:** _____

**CHECK NUMBER:** _____

**CHECK AMOUNT:** _____

**ENTERED BY:** _____

**EMPLOYER:** _____

**ADDRESS:** _____

**CITY:** _____ **ST:** _____ **ZIP:** _____

**TELEPHONE:** _____

**CHECK FOR MORE FORMS** ___

**SIGNATURE:** _____ **DATE:** _____

**SUBMISSIONS OF CONTRIBUTIONS ON AN ALTERNATE FORM MUST BE APPROVED BY THE JAC**

BY SIGNING THIS FORM, YOU CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS A FULL AND ACCURATE STATEMENT OF ALL EMPLOYEES WORKING FOR YOU UNDER THE JURISDICTION OF THE PLUMBERS LOCAL 98 FOR THE PERIOD INDICATED. BY FILING THIS REPORT, THE ABOVE NAMED EMPLOYER AGREES TO BE BOUND BY ALL THE TERMS OF THE CURRENT COLLECTIVE BARGAINING AGREEMENT BETWEEN THE PLUMBERS LOCAL 98 AND THE MECHANICAL CONTRACTORS ASSOCIATION OF DETROIT, INC., AND TO ALL THE TERMS OF THE TRUST AGREEMENTS OF THESE FUNDS. SPECIFICALLY INCLUDING PROVISIONS RELATING TO THE FRINGE BENEFIT FUND CONTRIBUTIONS.

**Rev Date: 06/05/2017**

# PLUMBERS LOCAL 98

PO BOX 159
TROY, MI 48099-0159
PHONE: (248) 641-4988 TOLL FREE: (866) 646-8919

## EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

### SERVICE REPAIR/RESIDENTIAL

SEC 160

MONTH: FROM: TO:

**RESIDENTIAL, SERVICE AND REPAIR - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR THE FIRST 40 HOURS WORKED EACH WEEK WHETHER SUCH WORK IS PERFORMED AT THE STRAIGHT TIME OR OVERTIME RATE. NO FRINGE BENEFIT CONTRIBUTIONS ARE OWED ON HOURS WORKED IN EXCESS OF 40 IN ANY WEEK.**

THIS REPORT WITH PAYMENT MUST BE **RECEIVED** BY THE PLUMBERS LOCAL 98 TRUST FUNDS NO LATER THAN THE **15th OF THE MONTH** FOLLOWING THE MONTH IN WHICH THE HOURS WERE WORKED. REMITTANCE IS BASED ON THE TYPE OF WORK AS EXPLAINED IN THE LANGUAGE ABOVE. WAGE REDUCTION REMITTANCE IS BASED ON STRAIGHT TIME HOURS NOT TO EXCEED 40 HOURS PER WEEK.

| SOCIAL SECURITY NUMBER | EMPLOYEE NAME | STRAIGHT TIME | OVER TIME | DOUBLE TIME | TOTAL HOURS WORKED (A) | TOTAL HOURS REPORTED | WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | STRAIGHT TIME (B) | RATE | AMOUNT (C) |
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| | TOTAL | | | | | | | | |

TOTAL HOURS (A) _____ X $20.55 PER HOUR = $ _____

WAGE REDUCTION (B) _____ HOURS TOTAL (C ) $ _____

TOTAL THIS REPORT $ _____

MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98
MAIL TO: PLUMBERS LOCAL 98
PO BOX 638043
CINCINNATI, OH 45263-8043

**SPECIAL NOTE:** FAILURE TO FILE THIS REPORT ON TIME OR CALCULATED INCORRECTLY WILL RESULT IN A LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANCE AMOUNT. THE LIQUIDATED DAMAGES CHARGE IS 10 % OF THE REMITTANCE AMOUNT BUT NOT LESS THAN $15.00.

| FRINGE BENEFITS | |
|---|---|
| PENSION FUND | $9.70 |
| INSURANCE FUND | $8.06 |
| WORK DUES FUND | $0.96 |
| GEN. DUES FUND | $0.20 |
| SUB FUND | $0.15 |
| TRAINING FUND | $0.91 |
| INT'L TR FUND | $0.05 |
| PIP EDU COUNCIL FUND | $0.52 |
| IAR FUND | $0.00 |
| **TOTAL** | $20.55 |

EMPLOYERS NOT PAYING THE **$.52** TO THE PIPING EDUCATIONAL COUNCIL FUND MUST ALLOCATE THE **$.52** TO THE TRAINING FUND.
PLEASE CHECK HERE IF APPLICABLE: _____ **TRAINING FUND**
IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THE **$.52** DIRECTLY TO THE PIPING EDUCATIONAL COUNCIL.

**ADMINISTRATIVE USE ONLY**

DATE RECEIVED: _____

DEPOSIT DATE: _____

CHECK NUMBER: _____

CHECK AMOUNT: _____

ENTERED BY: _____

EMPLOYER: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

TELEPHONE: _____

CHECK FOR MORE FORMS ☐

SIGNATURE: _____ DATE: _____

**SUBMISSIONS OF CONTRIBUTIONS ON AN ALTERNATE FORM MUST BE APPROVED BY THE JAC**

BY SIGNING THIS FORM, YOU CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS A FULL AND ACCURATE STATEMENT OF ALL EMPLOYEES WORKING FOR YOU UNDER THE JURISDICTION OF THE PLUMBERS LOCAL 98 FOR THE PERIOD INDICATED. BY FILING THIS REPORT, THE ABOVE NAMED EMPLOYER AGREES TO BE BOUND BY ALL THE TERMS OF THE CURRENT COLLECTIVE BARGAINING AGREEMENT BETWEEN THE PLUMBERS LOCAL 98 AND THE MECHANICAL CONTRACTORS ASSOCIATION OF DETROIT, INC., AND TO ALL THE TERMS OF THE TRUST AGREEMENTS OF THESE FUNDS. SPECIFICALLY INCLUDING PROVISIONS RELATING TO THE FRINGE BENEFIT FUND CONTRIBUTIONS.

Rev Date: 06/05/2017

# PLUMBERS LOCAL 98

**PO BOX 159**
**TROY, MI 48099-0159**

**PHONE: (248) 641-4988 TOLL FREE: (866) 646-8919**

## EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

**LIGHT COMMERCIAL** **SEC 165**

**MONTH:** _____ **FROM:** _____ **TO:** _____

**LIGHT COMMERCIAL - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR ALL HOURS WORKED ON LIGHT COMMERCIAL WORK.**

THIS REPORT WITH PAYMENT MUST BE **RECEIVED** BY THE PLUMBERS LOCAL 98 TRUST FUNDS NO LATER THAN THE **15th OF THE MONTH** FOLLOWING THE MONTH IN WHICH THE HOURS WERE WORKED. REMITTANCE IS BASED ON THE TYPE OF WORK AS EXPLAINED IN THE LANGUAGE ABOVE. WAGE REDUCTION REMITTANCE IS BASED ON STRAIGHT TIME HOURS NOT TO EXCEED 40 HOURS PER WEEK.

| SOCIAL SECURITY NUMBER | EMPLOYEE NAME | STRAIGHT TIME | OVER TIME | DOUBLE TIME | TOTAL HOURS WORKED (A) | TOTAL HOURS REPORTED | WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK | | |
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| | **TOTAL** | | | | | | | | |

**TOTAL HOURS (A)** _____ **X $20.55 PER HOUR = $** _____

**WAGE REDUCTION (B)** _____ **HOURS TOTAL (C ) $** _____

**TOTAL THIS REPORT $** _____

**MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98**
**MAIL TO: PLUMBERS LOCAL 98**
**PO BOX 638043**
**CINCINNATI, OH 45263-8043**

**SPECIAL NOTE:** FAILURE TO FILE THIS REPORT ON TIME OR CALCULATED INCORRECTLY WILL RESULT IN A LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANCE AMOUNT. THE LIQUIDATED DAMAGES CHARGE IS 10 % OF THE REMITTANCE AMOUNT BUT NOT LESS THAN $15.00.

| FRINGE BENEFITS | |
|---|---|
| PENSION FUND | $9.70 |
| INSURANCE FUND | $8.06 |
| WORK DUES FUND | $0.96 |
| GEN. DUES FUND | $0.20 |
| SUB FUND | $0.15 |
| TRAINING FUND | $0.91 |
| INT'L TR FUND | $0.05 |
| PIP EDU COUNCIL FUND | $0.52 |
| IAR FUND | $0.00 |
| **TOTAL** | $20.55 |

EMPLOYERS NOT PAYING THE **$.52** TO THE PIPING EDUCATIONAL COUNCIL FUND MUST ALLOCATE THE **$.52** TO THE TRAINING FUND.
PLEASE CHECK HERE IF APPLICABLE: _____ **TRAINING FUND**
IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THE **$.52** DIRECTLY TO THE PIPING EDUCATIONAL COUNCIL.

**ADMINISTRATIVE USE ONLY**

**DATE RECEIVED:** _____

**DEPOSIT DATE:** _____

**CHECK NUMBER:** _____

**CHECK AMOUNT:** _____

**ENTERED BY:** _____

**EMPLOYER:** _____

**ADDRESS:** _____

**CITY:** _____ **ST:** _____ **ZIP:** _____

**TELEPHONE:** _____

**CHECK FOR MORE FORMS** ___

**SIGNATURE:** _____ **DATE:** _____

**SUBMISSIONS OF CONTRIBUTIONS ON AN ALTERNATE FORM MUST BE APPROVED BY THE JAC**

BY SIGNING THIS FORM, YOU CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS A FULL AND ACCURATE STATEMENT OF ALL EMPLOYEES WORKING FOR YOU UNDER THE JURISDICTION OF THE PLUMBERS LOCAL 98 FOR THE PERIOD INDICATED. BY FILING THIS REPORT, THE ABOVE NAMED EMPLOYER AGREES TO BE BOUND BY ALL THE TERMS OF THE CURRENT COLLECTIVE BARGAINING AGREEMENT BETWEEN THE PLUMBERS LOCAL 98 AND THE MECHANICAL CONTRACTORS ASSOCIATION OF DETROIT, INC., AND TO ALL THE TERMS OF THE TRUST AGREEMENTS OF THESE FUNDS. SPECIFICALLY INCLUDING PROVISIONS RELATING TO THE FRINGE BENEFIT FUND CONTRIBUTIONS.

**Rev Date: 06/05/2017**

# PLUMBERS LOCAL 98

**PO BOX 159**
**TROY, MI 48099-0159**
**PHONE: (248) 641-4988 TOLL FREE: (866) 646-8919**

## EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

**1ST YEAR APPRENTICE (Consists of 1st and 2nd Academic Periods)** **SEC 102**

**MONTH:** _____ **FROM:** _____ **TO:** _____

**LIGHT COMMERCIAL - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR ALL HOURS WORKED ON LIGHT COMMERCIAL WORK.**

**RESIDENTIAL, SERVICE AND REPAIR - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR THE FIRST 40 HOURS WORKED EACH WEEK WHETHER SUCH WORK IS PERFORMED AT THE STRAIGHT TIME OR OVERTIME RATE. NO FRINGE BENEFIT CONTRIBUTIONS ARE OWED ON HOURS WORKED IN EXCESS OF 40 IN ANY WEEK.**

THIS REPORT WITH PAYMENT MUST BE **RECEIVED** BY THE PLUMBERS LOCAL 98 TRUST FUNDS NO LATER THAN THE **15th OF THE MONTH** FOLLOWING THE MONTH IN WHICH THE HOURS WERE WORKED. REMITTANCE IS BASED ON THE TYPE OF WORK EXPLAINED IN THE LANGUAGE ABOVE.

| SOCIAL SECURITY NUMBER | EMPLOYEE NAME | STRAIGHT TIME | OVER TIME | DOUBLE TIME | TOTAL HOURS WORKED (A) | TOTAL HOURS REPORTED |
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| | **TOTAL** | | | | | |

**TOTAL HOURS (A)** _____ **X $8.53 PER HOUR = $** _____

**MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98**
**MAIL TO: PLUMBERS LOCAL 98**
**PO BOX 638043**
**CINCINNATI, OH 45263-8043**

**SPECIAL NOTE:** FAILURE TO FILE THIS REPORT ON TIME OR CALCULATED INCORRECTLY WILL RESULT IN A LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANCE AMOUNT. THE LIQUIDATED DAMAGES CHARGE IS 10 % OF THE REMITTANCE AMOUNT BUT NOT LESS THAN $15.00.

EMPLOYERS NOT PAYING THE **$.50** TO THE PIPING EDUCATIONAL COUNCIL FUND MUST ALLOCATE THE $.50 TO THE TRAINING FUND.
PLEASE CHECK HERE IF APPLICABLE: _____ **TRAINING FUND**
IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THE **$.50** DIRECTLY TO THE PIPING EDUCATIONAL COUNCIL.

| FRINGE BENEFITS | |
|---|---|
| PENSION FUND | $1.83 |
| INSURANCE FUND | $5.50 |
| SUB FUND | $0.10 |
| GENERAL DUES FUND | $0.50 |
| TRAINING FUND | $0.05 |
| INT'L TR FUND | $0.05 |
| PIP EDU COUNCIL FUND | $0.50 |
| IAR FUND | $0.00 |
| **TOTAL** | $8.53 |

**ADMINISTRATIVE USE ONLY**

**DATE RECEIVED:** _____

**DEPOSIT DATE:** _____

**CHECK NUMBER:** _____

**CHECK AMOUNT:** _____

**ENTERED BY:** _____

**EMPLOYER:** _____

**ADDRESS:** _____

**CITY:** _____ **ST:** _____ **ZIP:** _____

**TELEPHONE:** _____

**CHECK FOR MORE FORMS** ___

**SIGNATURE:** _____ **DATE:** _____

**SUBMISSIONS OF CONTRIBUTIONS ON AN ALTERNATE FORM MUST BE APPROVED BY THE JAC**

BY SIGNING THIS FORM, YOU CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS A FULL AND ACCURATE STATEMENT OF ALL EMPLOYEES WORKING FOR YOU UNDER THE JURISDICTION OF THE PLUMBERS LOCAL 98 FOR THE PERIOD INDICATED. BY FILING THIS REPORT, THE ABOVE NAMED EMPLOYER AGREES TO BE BOUND BY ALL THE TERMS OF THE CURRENT COLLECTIVE BARGAINING AGREEMENT BETWEEN THE PLUMBERS LOCAL 98 AND THE MECHANICAL CONTRACTORS ASSOCIATION OF DETROIT, INC., AND TO ALL THE TERMS OF THE TRUST AGREEMENTS OF THESE FUNDS. SPECIFICALLY INCLUDING PROVISIONS RELATING TO THE FRINGE BENEFIT FUND CONTRIBUTIONS.

**Rev Date: 06/05/2017**

# PLUMBERS LOCAL 98

**PO BOX 159**
**TROY, MI 48099-0159**
**PHONE: (248) 641-4988 TOLL FREE: (866) 646-8919**

## EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

**2ND YEAR APPRENTICE (Consists of 3rd and 4th Academic Periods)** **SEC 103**

**MONTH:** _____ **FROM:** _____ **TO:** _____

**LIGHT COMMERCIAL - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR ALL HOURS WORKED ON LIGHT COMMERCIAL WORK.**

**RESIDENTIAL, SERVICE AND REPAIR - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR THE FIRST 40 HOURS WORKED EACH WEEK WHETHER SUCH WORK IS PERFORMED AT THE STRAIGHT TIME OR OVERTIME RATE. NO FRINGE BENEFIT CONTRIBUTIONS ARE OWED ON HOURS WORKED IN EXCESS OF 40 IN ANY WEEK.**

THIS REPORT WITH PAYMENT MUST BE **RECEIVED** BY THE PLUMBERS LOCAL 98 TRUST FUNDS NO LATER THAN THE **15th OF THE MONTH** FOLLOWING THE MONTH IN WHICH THE HOURS WERE WORKED. REMITTANCE IS BASED ON THE TYPE OF WORK AS EXPLAINED IN THE LANGUAGE ABOVE.

| SOCIAL SECURITY NUMBER | EMPLOYEE NAME | STRAIGHT TIME | OVER TIME | DOUBLE TIME | TOTAL HOURS WORKED (A) | TOTAL HOURS REPORTED | WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK | | |
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| | **TOTAL** | | | | | | | | |

**TOTAL HOURS (A)** _____ **X $10.50 PER HOUR = $** _____

**MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98**
**MAIL TO: PLUMBERS LOCAL 98**
**PO BOX 638043**
**CINCINNATI, OH 45263-8043**

**SPECIAL NOTE:** FAILURE TO FILE THIS REPORT ON TIME OR CALCULATED INCORRECTLY WILL RESULT IN A LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANCE AMOUNT. THE LIQUIDATED DAMAGES CHARGE IS 10 % OF THE REMITTANCE AMOUNT BUT NOT LESS THAN $15.00.

EMPLOYERS NOT PAYING THE $.50 TO THE PIPING EDUCATIONAL COUNCIL FUND MUST ALLOCATE THE $.50 TO THE TRAINING FUND.
PLEASE CHECK HERE IF APPLICABLE: _____ **TRAINING FUND**
IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THE $.50 DIRECTLY TO THE PIPING EDUCATIONAL COUNCIL.

| FRINGE BENEFITS | |
|---|---|
| PENSION FUND | $3.50 |
| INSURANCE FUND | $5.75 |
| SUB FUND | $0.10 |
| GENERAL DUES FUND | $0.50 |
| TRAINING FUND | $0.10 |
| INT'L TR FUND | $0.05 |
| PIP EDU COUNCIL FUND | $0.50 |
| IAR FUND | $0.00 |
| **TOTAL** | $10.50 |

**ADMINISTRATIVE USE ONLY**

**DATE RECEIVED:** _____

**DEPOSIT DATE:** _____

**CHECK NUMBER:** _____

**CHECK AMOUNT:** _____

**ENTERED BY:** _____

**EMPLOYER:** _____

**ADDRESS:** _____

**CITY:** _____ **ST:** ____ **ZIP:** _____

**TELEPHONE:** _____

**CHECK FOR MORE FORMS** ___

**SIGNATURE:** _____ **DATE:** _____

**SUBMISSIONS OF CONTRIBUTIONS ON AN ALTERNATE FORM MUST BE APPROVED BY THE JAC**

BY SIGNING THIS FORM, YOU CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS A FULL AND ACCURATE STATEMENT OF ALL EMPLOYEES WORKING FOR YOU UNDER THE JURISDICTION OF THE PLUMBERS LOCAL 98 FOR THE PERIOD INDICATED. BY FILING THIS REPORT, THE ABOVE NAMED EMPLOYER AGREES TO BE BOUND BY ALL THE TERMS OF THE CURRENT COLLECTIVE BARGAINING AGREEMENT BETWEEN THE PLUMBERS LOCAL 98 AND THE MECHANICAL CONTRACTORS ASSOCIATION OF DETROIT, INC., AND TO ALL THE TERMS OF THE TRUST AGREEMENTS OF THESE FUNDS. SPECIFICALLY INCLUDING PROVISIONS RELATING TO THE FRINGE BENEFIT FUND CONTRIBUTIONS.

**Rev Date: 06/05/2017**

# PLUMBERS LOCAL 98

**PO BOX 159**
**TROY, MI 48099-0159**
**PHONE: (248) 641-4988 TOLL FREE: (866) 646-8919**

## EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

### 3RD YEAR APPRENTICE (Consists of 5th and 6th Academic Periods)

**SEC 104**

**MONTH:** _____ **FROM:** _____ **TO:** _____

**LIGHT COMMERCIAL - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR ALL HOURS WORKED ON LIGHT COMMERCIAL WORK.**

**RESIDENTIAL, SERVICE AND REPAIR - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR THE FIRST 40 HOURS WORKED EACH WEEK WHETHER SUCH WORK IS PERFORMED AT THE STRAIGHT TIME OR OVERTIME RATE. NO FRINGE BENEFIT CONTRIBUTIONS ARE OWED ON HOURS WORKED IN EXCESS OF 40 IN ANY WEEK.**

THIS REPORT WITH PAYMENT MUST BE **RECEIVED** BY THE PLUMBERS LOCAL 98 TRUST FUNDS NO LATER THAN THE **15th OF THE MONTH** FOLLOWING THE MONTH IN WHICH THE HOURS WERE WORKED. REMITTANCE IS BASED ON THE TYPE OF WORK AS EXPLAINED IN THE LANGUAGE ABOVE.

| SOCIAL SECURITY NUMBER | EMPLOYEE NAME | STRAIGHT TIME | OVER TIME | DOUBLE TIME | TOTAL HOURS WORKED (A) | TOTAL HOURS REPORTED |
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| | **TOTAL** | | | | | |

**TOTAL HOURS (A)** _____ **X $10.55 PER HOUR = $** _____

**MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98**
**MAIL TO: PLUMBERS LOCAL 98**
**PO BOX 638043**
**CINCINNATI, OH 45263-8043**

**SPECIAL NOTE:** FAILURE TO FILE THIS REPORT ON TIME OR CALCULATED INCORRECTLY WILL RESULT IN A LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANCE AMOUNT. THE LIQUIDATED DAMAGES CHARGE IS 10 % OF THE REMITTANCE AMOUNT BUT NOT LESS THAN $15.00.

EMPLOYERS NOT PAYING THE $.50 TO THE PIPING EDUCATIONAL COUNCIL FUND MUST ALLOCATE THE $.50 TO THE TRAINING FUND.
PLEASE CHECK HERE IF APPLICABLE: _____ **TRAINING FUND**
IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THE $.50 DIRECTLY TO THE PIPING EDUCATIONAL COUNCIL.

| FRINGE BENEFITS | |
|---|---|
| PENSION FUND | $3.50 |
| INSURANCE FUND | $5.80 |
| SUB FUND | $0.10 |
| GENERAL DUES FUND | $0.50 |
| TRAINING FUND | $0.10 |
| INT'L TR FUND | $0.05 |
| PIP EDU COUNCIL FUND | $0.50 |
| IAR FUND | $0.00 |
| **TOTAL** | $10.55 |

**ADMINISTRATIVE USE ONLY**

**DATE RECEIVED:** _____

**DEPOSIT DATE:** _____

**CHECK NUMBER:** _____

**CHECK AMOUNT:** _____

**ENTERED BY:** _____

**EMPLOYER:** _____

**ADDRESS:** _____

**CITY:** _____ **ST:** _____ **ZIP:** _____

**TELEPHONE:** _____

**CHECK FOR MORE FORMS** ___

**SIGNATURE:** _____ **DATE:** _____

**SUBMISSIONS OF CONTRIBUTIONS ON AN ALTERNATE FORM MUST BE APPROVED BY THE JAC**

BY SIGNING THIS FORM, YOU CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS A FULL AND ACCURATE STATEMENT OF ALL EMPLOYEES WORKING FOR YOU UNDER THE JURISDICTION OF THE PLUMBERS LOCAL 98 FOR THE PERIOD INDICATED. BY FILING THIS REPORT, THE ABOVE NAMED EMPLOYER AGREES TO BE BOUND BY ALL THE TERMS OF THE CURRENT COLLECTIVE BARGAINING AGREEMENT BETWEEN THE PLUMBERS LOCAL 98 AND THE MECHANICAL CONTRACTORS ASSOCIATION OF DETROIT, INC., AND TO ALL THE TERMS OF THE TRUST AGREEMENTS OF THESE FUNDS. SPECIFICALLY INCLUDING PROVISIONS RELATING TO THE FRINGE BENEFIT FUND CONTRIBUTIONS.

**Rev Date: 06/05/2017**

# PLUMBERS LOCAL 98

**PO BOX 159**
**TROY, MI 48099-0159**
**PHONE: (248) 641-4988 TOLL FREE: (866) 646-8919**

## EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

### 4TH YEAR APPRENTICE (Consists of 7th and 8th Academic Periods)

**SEC 105**

**MONTH:** _____ **FROM:** _____ **TO:** _____

**LIGHT COMMERCIAL - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR ALL HOURS WORKED ON LIGHT COMMERCIAL WORK.**

**RESIDENTIAL, SERVICE AND REPAIR - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR THE FIRST 40 HOURS WORKED EACH WEEK WHETHER SUCH WORK IS PERFORMED AT THE STRAIGHT TIME OR OVERTIME RATE. NO FRINGE BENEFIT CONTRIBUTIONS ARE OWED ON HOURS WORKED IN EXCESS OF 40 IN ANY WEEK.**

THIS REPORT WITH PAYMENT MUST BE **RECEIVED** BY THE PLUMBERS LOCAL 98 TRUST FUNDS NO LATER THAN THE **15th OF THE MONTH** FOLLOWING THE MONTH IN WHICH THE HOURS WERE WORKED. REMITTANCE IS BASED ON THE TYPE OF WORK AS EXPLAINED IN THE LANGUAGE ABOVE.

| SOCIAL SECURITY NUMBER | EMPLOYEE NAME | STRAIGHT TIME | OVER TIME | DOUBLE TIME | TOTAL HOURS WORKED (A) | TOTAL HOURS REPORTED | WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | HT TIME (B) | RATE | AMOUNT (C) |
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| | **TOTAL** | | | | | | | | |

**TOTAL HOURS (A)** _____ **X $10.60 PER HOUR = $** _____

**MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98**
**MAIL TO: PLUMBERS LOCAL 98**
**PO BOX 638043**
**CINCINNATI, OH 45263-8043**

**SPECIAL NOTE:** FAILURE TO FILE THIS REPORT ON TIME OR CALCULATED INCORRECTLY WILL RESULT IN A LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANCE AMOUNT. THE LIQUIDATED DAMAGES CHARGE IS 10 % OF THE REMITTANCE AMOUNT BUT NOT LESS THAN $15.00.

EMPLOYERS NOT PAYING THE $.50 TO THE PIPING EDUCATIONAL COUNCIL FUND MUST ALLOCATE THE $.50 TO THE TRAINING FUND.
PLEASE CHECK HERE IF APPLICABLE: _____ **TRAINING FUND**
IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THE $.50 DIRECTLY TO THE PIPING EDUCATIONAL COUNCIL.

| FRINGE BENEFITS | |
|---|---|
| PENSION FUND | $3.50 |
| INSURANCE FUND | $5.85 |
| SUB FUND | $0.10 |
| GENERAL DUES FUND | $0.50 |
| TRAINING FUND | $0.10 |
| INT'L TR FUND | $0.05 |
| PIP EDU COUNCIL FUND | $0.50 |
| IAR FUND | $0.00 |
| **TOTAL** | $10.60 |

**ADMINISTRATIVE USE ONLY**

**DATE RECEIVED:** _____

**DEPOSIT DATE:** _____

**CHECK NUMBER:** _____

**CHECK AMOUNT:** _____

**ENTERED BY:** _____

**EMPLOYER:** _____

**ADDRESS:** _____

**CITY:** _____ **ST:** _____ **ZIP:** _____

**TELEPHONE:** _____

**CHECK FOR MORE FORMS** ___

**SIGNATURE:** _____ **DATE:** _____

**SUBMISSIONS OF CONTRIBUTIONS ON AN ALTERNATE FORM MUST BE APPROVED BY THE JAC**

BY SIGNING THIS FORM, YOU CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS A FULL AND ACCURATE STATEMENT OF ALL EMPLOYEES WORKING FOR YOU UNDER THE JURISDICTION OF THE PLUMBERS LOCAL 98 FOR THE PERIOD INDICATED. BY FILING THIS REPORT, THE ABOVE NAMED EMPLOYER AGREES TO BE BOUND BY ALL THE TERMS OF THE CURRENT COLLECTIVE BARGAINING AGREEMENT BETWEEN THE PLUMBERS LOCAL 98 AND THE MECHANICAL CONTRACTORS ASSOCIATION OF DETROIT, INC., AND TO ALL THE TERMS OF THE TRUST AGREEMENTS OF THESE FUNDS. SPECIFICALLY INCLUDING PROVISIONS RELATING TO THE FRINGE BENEFIT FUND CONTRIBUTIONS.

**Effective Date: 06/05/2017**

# PLUMBERS LOCAL 98

**PO BOX 159**
**TROY, MI 48099-0159**
**PHONE: (248) 641-4988 TOLL FREE: (866) 646-8919**

## EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

**5TH YEAR APPRENTICE (Consists of 9th and 10th Academic Periods)** **SEC 106**

**MONTH:** _____ **FROM:** _____ **TO:** _____

**LIGHT COMMERCIAL - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR ALL HOURS WORKED ON LIGHT COMMERCIAL WORK.**
**RESIDENTIAL, SERVICE AND REPAIR - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR THE FIRST 40 HOURS WORKED EACH WEEK WHETHER SUCH WORK IS PERFORMED AT THE STRAIGHT TIME OR OVERTIME RATE. NO FRINGE BENEFIT CONTRIBUTIONS ARE OWED ON HOURS WORKED IN EXCESS OF 40 IN ANY WEEK.**

THIS REPORT WITH PAYMENT MUST BE **RECEIVED** BY THE PLUMBERS LOCAL 98 TRUST FUNDS NO LATER THAN THE **15th OF THE MONTH** FOLLOWING THE MONTH IN WHICH THE HOURS WERE WORKED. REMITTANCE IS BASED ON THE TYPE OF WORK AS EXPLAINED IN THE LANGUAGE ABOVE.

| SOCIAL SECURITY NUMBER | EMPLOYEE NAME | STRAIGHT TIME | OVER TIME | DOUBLE TIME | TOTAL HOURS WORKED (A) | TOTAL HOURS REPORTED | WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | HT TIME (B) | RATE | AMOUNT (C) |
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| | **TOTAL** | | | | | | | | |

**TOTAL HOURS (A)** _____ **X $11.25 PER HOUR = $** _____

**MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98**
**MAIL TO: PLUMBERS LOCAL 98**
**PO BOX 638043**
**CINCINNATI, OH 45263-8043**

**SPECIAL NOTE:** FAILURE TO FILE THIS REPORT ON TIME OR CALCULATED INCORRECTLY WILL RESULT IN A LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANCE AMOUNT. THE LIQUIDATED DAMAGES CHARGE IS 10 % OF THE REMITTANCE AMOUNT BUT NOT LESS THAN $15.00.

EMPLOYERS NOT PAYING THE $.50 TO THE PIPING EDUCATIONAL COUNCIL FUND MUST ALLOCATE THE $.50 TO THE TRAINING FUND.
PLEASE CHECK HERE IF APPLICABLE: _____ **TRAINING FUND**
IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THE $.50 DIRECTLY TO THE PIPING EDUCATIONAL COUNCIL.

| FRINGE BENEFITS | |
|---|---|
| PENSION FUND | $3.50 |
| INSURANCE FUND | $6.10 |
| SUB FUND | $0.50 |
| GENERAL DUES FUND | $0.50 |
| TRAINING FUND | $0.10 |
| INT'L TR FUND | $0.05 |
| PIP EDU COUNCIL FUND | $0.50 |
| IAR FUND | $0.00 |
| **TOTAL** | $11.25 |

**ADMINISTRATIVE USE ONLY**

**DATE RECEIVED:** _____
**DEPOSIT DATE:** _____
**CHECK NUMBER:** _____
**CHECK AMOUNT:** _____
**ENTERED BY:** _____

**EMPLOYER:** _____
**ADDRESS:** _____
**CITY:** _____ **ST:** _____ **ZIP:** _____
**TELEPHONE:** _____
**CHECK FOR MORE FORMS** ___
**SIGNATURE:** _____ **DATE:** _____

**SUBMISSIONS OF CONTRIBUTIONS ON AN ALTERNATE FORM MUST BE APPROVED BY THE JAC**

BY SIGNING THIS FORM, YOU CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS A FULL AND ACCURATE STATEMENT OF ALL EMPLOYEES WORKING FOR YOU UNDER THE JURISDICTION OF THE PLUMBERS LOCAL 98 FOR THE PERIOD INDICATED. BY FILING THIS REPORT, THE ABOVE NAMED EMPLOYER AGREES TO BE BOUND BY ALL THE TERMS OF THE CURRENT COLLECTIVE BARGAINING AGREEMENT BETWEEN THE PLUMBERS LOCAL 98 AND THE MECHANICAL CONTRACTORS ASSOCIATION OF DETROIT, INC., AND TO ALL THE TERMS OF THE TRUST AGREEMENTS OF THESE FUNDS. SPECIFICALLY INCLUDING PROVISIONS RELATING TO THE FRINGE BENEFIT FUND CONTRIBUTIONS.

**Effective Date: 06/05/2017**

# PLUMBERS LOCAL 98

**PO BOX 159**
**TROY, MI 48099-0159**
**PHONE: (248) 641-4988 TOLL FREE: (866) 646-8919**

## EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

**APPLICANT** SEC 199

**MONTH:** _____ **FROM:** _____ **TO:** _____

**LIGHT COMMERCIAL - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR ALL HOURS WORKED ON LIGHT COMMERCIAL WORK.**

**RESIDENTIAL, SERVICE AND REPAIR - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR THE FIRST 40 HOURS WORKED EACH WEEK WHETHER SUCH WORK IS PERFORMED AT THE STRAIGHT TIME OR OVERTIME RATE. NO FRINGE BENEFIT CONTRIBUTIONS ARE OWED ON HOURS WORKED IN EXCESS OF 40 IN ANY WEEK.**

THIS REPORT WITH PAYMENT MUST BE **RECEIVED** BY THE PLUMBERS LOCAL 98 TRUST FUNDS NO LATER THAN THE **15th OF THE MONTH** FOLLOWING THE MONTH IN WHICH THE HOURS WERE WORKED. REMITTANCE IS BASED ON THE TYPE OF WORK AS EXPLAINED IN THE LANGUAGE ABOVE.

| SOCIAL SECURITY NUMBER | EMPLOYEE NAME | STRAIGHT TIME | OVER TIME | DOUBLE TIME | TOTAL HOURS WORKED (A) | TOTAL HOURS REPORTED | WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | HT TIME (B) | RATE | AMOUNT (C) |
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| | **TOTAL** | | | | | | | | |

**TOTAL HOURS (A)** _____ **X $7.00 PER HOUR = $** _____

**MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98**
**MAIL TO: PLUMBERS LOCAL 98**
**PO BOX 638043**
**CINCINNATI, OH 45263-8043**

**SPECIAL NOTE:** FAILURE TO FILE THIS REPORT ON TIME OR CALCULATED INCORRECTLY WILL RESULT IN A LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANCE AMOUNT. THE LIQUIDATED DAMAGES CHARGE IS 10 % OF THE REMITTANCE AMOUNT BUT NOT LESS THAN $15.00.

| FRINGE BENEFITS | |
|---|---|
| INSURANCE FUND | $6.00 |
| WORK DUES FUND | $0.50 |
| PIP EDU COUNCIL FUND | $0.50 |
| IAR FUND | $0.00 |
| **TOTAL** | $7.00 |

**ADMINISTRATIVE USE ONLY**

**DATE RECEIVED:** _____

**DEPOSIT DATE:** _____

**CHECK NUMBER:** _____

**CHECK AMOUNT:** _____

**ENTERED BY:** _____

**EMPLOYER:** _____

**ADDRESS:** _____

**CITY:** _____ **ST:** _____ **ZIP:** _____

**TELEPHONE:** _____

**CHECK FOR MORE FORMS** ___

**SIGNATURE:** _____ **DATE:** _____

**SUBMISSIONS OF CONTRIBUTIONS ON AN ALTERNATE FORM MUST BE APPROVED BY THE JAC**

BY SIGNING THIS FORM, YOU CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS A FULL AND ACCURATE STATEMENT OF ALL EMPLOYEES WORKING FOR YOU UNDER THE JURISDICTION OF THE PLUMBERS LOCAL 98 FOR THE PERIOD INDICATED. BY FILING THIS REPORT, THE ABOVE NAMED EMPLOYER AGREES TO BE BOUND BY ALL THE TERMS OF THE CURRENT COLLECTIVE BARGAINING AGREEMENT BETWEEN THE PLUMBERS LOCAL 98 AND THE MECHANICAL CONTRACTORS ASSOCIATION OF DETROIT, INC., AND TO ALL THE TERMS OF THE TRUST AGREEMENTS OF THESE FUNDS. SPECIFICALLY INCLUDING PROVISIONS RELATING TO THE FRINGE BENEFIT FUND CONTRIBUTIONS.

**Rev Date: 06/05/2017**

# PLUMBERS LOCAL 98

**PO BOX 159**
**TROY, MI 48099-0159**

**PHONE: (248) 641-4988 TOLL FREE: (866) 646-8919**

## EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

**METAL TRADES HELPER** **SEC 135**

**MONTH:** _____ **FROM:** _____ **TO:** _____

**LIGHT COMMERCIAL - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR ALL HOURS WORKED ON LIGHT COMMERCIAL WORK.**

**RESIDENTIAL, SERVICE AND REPAIR - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR THE FIRST 40 HOURS WORKED EACH WEEK WHETHER SUCH WORK IS PERFORMED AT THE STRAIGHT TIME OR OVERTIME RATE. NO FRINGE BENEFIT CONTRIBUTIONS ARE OWED ON HOURS WORKED IN EXCESS OF 40 IN ANY WEEK.**

THIS REPORT WITH PAYMENT MUST BE **RECEIVED** BY THE PLUMBERS LOCAL 98 TRUST FUNDS NO LATER THAN THE **15th OF THE MONTH** FOLLOWING THE MONTH IN WHICH THE HOURS WERE WORKED. REMITTANCE IS BASED ON THE TYPE OF WORK EXPLAINED IN THE LANGUAGE ABOVE.

| SOCIAL SECURITY NUMBER | EMPLOYEE NAME | STRAIGHT TIME | OVER TIME | DOUBLE TIME | TOTAL HOURS WORKED (A) | TOTAL HOURS REPORTED | WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | HT TIME | RATE | AMOUNT (C) |
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| | **TOTAL** | | | | | | | | |

**TOTAL HOURS (A)** _____ **X $4.45 PER HOUR = $** _____

**MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98**
**MAIL TO: PLUMBERS LOCAL 98**
**PO BOX 638043**
**CINCINNATI, OH 45263-8043**

**SPECIAL NOTE:** FAILURE TO FILE THIS REPORT ON TIME OR CALCULATED INCORRECTLY WILL RESULT IN A LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANCE AMOUNT. THE LIQUIDATED DAMAGES CHARGE IS 10 % OF THE REMITTANCE AMOUNT BUT NOT LESS THAN $15.00.

EMPLOYERS NOT PAYING THE $.35 TO THE PIPING EDUCATIONAL COUNCIL FUND MUST ALLOCATE THE $.35 TO THE TRAINING FUND.
PLEASE CHECK HERE IF APPLICABLE: _____ **TRAINING FUND**
IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THE $.35 DIRECTLY TO THE INDUSTRY FUND.

| FRINGE BENEFITS | |
|---|---|
| INSURANCE FUND | $3.37 |
| WORK DUES FUND | $0.58 |
| TRAINING FUND | $0.10 |
| INT'L TR FUND | $0.05 |
| PIP EDU COUNCIL FUND | $0.35 |
| IAR FUND | $0.00 |
| **TOTAL** | $4.45 |

**ADMINISTRATIVE USE ONLY**

**DATE RECEIVED:** _____

**DEPOSIT DATE:** _____

**CHECK NUMBER:** _____

**CHECK AMOUNT:** _____

**ENTERED BY:** _____

**EMPLOYER:** _____

**ADDRESS:** _____

**CITY:** _____ **ST:** _____ **ZIP:** _____

**TELEPHONE:** _____

**CHECK FOR MORE FORMS** ___

**SIGNATURE:** _____ **DATE:** _____

**SUBMISSIONS OF CONTRIBUTIONS ON AN ALTERNATE FORM MUST BE APPROVED BY THE JAC**

BY SIGNING THIS FORM, YOU CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS A FULL AND ACCURATE STATEMENT OF ALL EMPLOYEES WORKING FOR YOU UNDER THE JURISDICTION OF THE PLUMBERS LOCAL 98 FOR THE PERIOD INDICATED. BY FILING THIS REPORT, THE ABOVE NAMED EMPLOYER AGREES TO BE BOUND BY ALL THE TERMS OF THE CURRENT COLLECTIVE BARGAINING AGREEMENT BETWEEN THE PLUMBERS LOCAL 98 AND THE MECHANICAL CONTRACTORS ASSOCIATION OF DETROIT, INC., AND TO ALL THE TERMS OF THE TRUST AGREEMENTS OF THESE FUNDS. SPECIFICALLY INCLUDING PROVISIONS RELATING TO THE FRINGE BENEFIT FUND CONTRIBUTIONS.

**Rev Date: 06/05/2017**

# PLUMBERS LOCAL 98

**PO BOX 159**
**TROY, MI 48099-0159**
**PHONE: (248) 641-4988 TOLL FREE: (866) 646-8919**

## EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

**METAL TRADES PLUMBER** SEC 130

**MONTH:** _____ **FROM:** _____ **TO:** _____

**LIGHT COMMERCIAL - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR ALL HOURS WORKED ON LIGHT COMMERCIAL WORK.**

**RESIDENTIAL, SERVICE AND REPAIR - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR THE FIRST 40 HOURS WORKED EACH WEEK WHETHER SUCH WORK IS PERFORMED AT THE STRAIGHT TIME OR OVERTIME RATE. NO FRINGE BENEFIT CONTRIBUTIONS ARE OWED ON HOURS WORKED IN EXCESS OF 40 IN ANY WEEK.**

THIS REPORT WITH PAYMENT MUST BE **RECEIVED** BY THE PLUMBERS LOCAL 98 TRUST FUNDS NO LATER THAN THE **15th OF THE MONTH** FOLLOWING THE MONTH IN WHICH THE HOURS WERE WORKED. REMITTANCE IS BASED ON THE TYPE OF WORK AS EXPLAINED IN THE LANGUAGE ABOVE.
WAGE REDUCTION REMITTANCE IS BASED ON STRAIGHT TIME HOURS NOT TO EXCEED 40 HOURS PER WEEK.

| SOCIAL SECURITY NUMBER | EMPLOYEE NAME | STRAIGHT TIME | OVER TIME | DOUBLE TIME | TOTAL HOURS WORKED (A) | TOTAL HOURS REPORTED | WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK | | |
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| | | | | | | | STRAIGHT TIME (B) | RATE | AMOUNT (C) |
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| | **TOTAL** | | | | | | | | |

**TOTAL HOURS (A)** _____ **X $10.08 PER HOUR = $** _____

**WAGE REDUCTION (B)** _____ **HOURS TOTAL (C ) $** _____

***TOTAL THIS REPORT $** _____

**MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98**
**MAIL TO: PLUMBERS LOCAL 98**
**PO BOX 638043**
**CINCINNATI, OH 45263-8043**

**SPECIAL NOTE:** FAILURE TO FILE THIS REPORT ON TIME OR CALCULATED INCORRECTLY WILL RESULT IN A LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANCE AMOUNT. THE LIQUIDATED DAMAGES CHARGE IS 10 % OF THE REMITTANCE AMOUNT BUT NOT LESS THAN $15.00.

| FRINGE BENEFITS | |
|---|---|
| INSURANCE FUND | $6.57 |
| WORK DUES FUND | $0.75 |
| DEF CONTRIB* | $1.75 |
| TRAINING FUND | $0.61 |
| INT'L TR FUND | $0.05 |
| PIP EDU COUNCIL FUND | $0.35 |
| IAR FUND | $0.00 |
| **TOTAL** | $10.08 * |

*DURING THE INITIAL PROBATIONARY PERIOD OF 90 DAYS, DEFINED CONTRIBUTION (DC) IS NOT PAID. AFTER PROBATIONARY PERIOD ENDS, CONTRIBUTIONS TO THE DC BEGIN

EMPLOYERS NOT PAYING THE $.35 TO THE PIPING EDUCATIONAL COUNCIL FUND MUST ALLOCATE THE $.35 TO THE TRAINING FUND.
PLEASE CHECK HERE IF APPLICABLE: _____ **TRAINING FUND**
IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THE $.35 DIRECTLY TO THE PIPING EDUCATIONAL COUNCIL.

**ADMINISTRATIVE USE ONLY**

**DATE RECEIVED:** _____

**DEPOSIT DATE:** _____

**CHECK NUMBER:** _____

**CHECK AMOUNT:** _____

**ENTERED BY:** _____

**EMPLOYER:** _____

**ADDRESS:** _____

**CITY:** _____ **ST:**_____ **ZIP:** _____

**TELEPHONE:** _____

**CHECK FOR MORE FORMS** ___

**SIGNATURE:** _____ **DATE:** _____

**SUBMISSIONS OF CONTRIBUTIONS ON AN ALTERNATE FORM MUST BE APPROVED BY THE JAC**

BY SIGNING THIS FORM, YOU CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS A FULL AND ACCURATE STATEMENT OF ALL EMPLOYEES WORKING FOR YOU UNDER THE JURISDICTION OF THE PLUMBERS LOCAL 98 FOR THE PERIOD INDICATED. BY FILING THIS REPORT, THE ABOVE NAMED EMPLOYER AGREES TO BE BOUND BY ALL THE TERMS OF THE CURRENT COLLECTIVE BARGAINING AGREEMENT BETWEEN THE PLUMBERS LOCAL 98 AND THE MECHANICAL CONTRACTORS ASSOCIATION OF DETROIT, INC., AND TO ALL THE TERMS OF THE TRUST AGREEMENTS OF THESE FUNDS. SPECIFICALLY INCLUDING PROVISIONS RELATING TO THE FRINGE BENEFIT FUND CONTRIBUTIONS.

**Rev Date: 6/05/2017**

# PLUMBERS LOCAL 98

**PO BOX 159**
**TROY, MI 48099-0159**
**PHONE: (248) 641-4988 TOLL FREE: (866) 646-8919**

## EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

**SUMMER WORKER** **SEC 125**

**MONTH:** _____ **FROM:** _____ **TO:** _____

**LIGHT COMMERCIAL - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR ALL HOURS WORKED ON LIGHT COMMERCIAL WORK.**

**RESIDENTIAL, SERVICE AND REPAIR - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR THE FIRST 40 HOURS WORKED EACH WEEK WHETHER SUCH WORK IS PERFORMED AT THE STRAIGHT TIME OR OVERTIME RATE. NO FRINGE BENEFIT CONTRIBUTIONS ARE OWED ON HOURS WORKED IN EXCESS OF 40 IN ANY WEEK.**

THIS REPORT WITH PAYMENT MUST BE **RECEIVED** BY THE PLUMBERS LOCAL 98 TRUST FUNDS NO LATER THAN THE **15th OF THE MONTH** FOLLOWING THE MONTH IN WHICH THE HOURS WERE WORKED. REMITTANCE IS BASED ON THE TYPE OF WORK AS EXPLAINED IN THE LANGUAGE ABOVE.

| SOCIAL SECURITY NUMBER | EMPLOYEE NAME | STRAIGHT TIME | OVER TIME | DOUBLE TIME | TOTAL HOURS WORKED (A) | TOTAL HOURS REPORTED |
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| | **TOTAL** | | | | | |

**TOTAL HOURS (A)** _____ **X $0.95 PER HOUR = $** _____

**MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98**
**MAIL TO: PLUMBERS LOCAL 98**
**PO BOX 638043**
**CINCINNATI, OH 45263-8043**

**SPECIAL NOTE:** FAILURE TO FILE THIS REPORT ON TIME OR CALCULATED INCORRECTLY WILL RESULT IN A LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANCE AMOUNT. THE LIQUIDATED DAMAGES CHARGE IS 10 % OF THE REMITTANCE AMOUNT BUT NOT LESS THAN $15.00.

EMPLOYERS NOT PAYING THE $.35 TO THE PIPING EDUCATIONAL COUNCIL FUND MUST ALLOCATE THE $.35 TO THE TRAINING FUND.
PLEASE CHECK HERE IF APPLICABLE: _____ **TRAINING FUND**
IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THE $.35 DIRECTLY TO THE PIPING EDUCATIONAL COUNCIL.

| FRINGE BENEFITS | |
|---|---|
| WORK DUES FUND | $0.55 |
| INT'L TR FUND | $0.05 |
| PIP EDU COUNCIL FUND | $0.35 |
| IAR FUND | $0.00 |
| **TOTAL** | $0.95 |

**ADMINISTRATIVE USE ONLY**

**DATE RECEIVED:** _____

**DEPOSIT DATE:** _____

**CHECK NUMBER:** _____

**CHECK AMOUNT:** _____

**ENTERED BY:** _____

**EMPLOYER:** _____

**ADDRESS:** _____

**CITY:** _____ **ST:** _____ **ZIP:** _____

**TELEPHONE:** _____

**CHECK FOR MORE FORMS** ___

**SIGNATURE:** _____ **DATE:** _____

**SUBMISSIONS OF CONTRIBUTIONS ON AN ALTERNATE FORM MUST BE APPROVED BY THE JAC**

BY SIGNING THIS FORM, YOU CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS A FULL AND ACCURATE STATEMENT OF ALL EMPLOYEES WORKING FOR YOU UNDER THE JURISDICTION OF THE PLUMBERS LOCAL 98 FOR THE PERIOD INDICATED. BY FILING THIS REPORT, THE ABOVE NAMED EMPLOYER AGREES TO BE BOUND BY ALL THE TERMS OF THE CURRENT COLLECTIVE BARGAINING AGREEMENT BETWEEN THE PLUMBERS LOCAL 98 AND THE MECHANICAL CONTRACTORS ASSOCIATION OF DETROIT, INC., AND TO ALL THE TERMS OF THE TRUST AGREEMENTS OF THESE FUNDS. SPECIFICALLY INCLUDING PROVISIONS RELATING TO THE FRINGE BENEFIT FUND CONTRIBUTIONS.

**Rev Date: 6/05/2017**

# PLUMBERS LOCAL 98

**PO BOX 159**
**TROY, MI 48099-0159**
**PHONE: (248) 641-4988 TOLL FREE: (866) 646-8919**

## EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

### SUMMER RESIDENTIAL

**SEC 120**

**MONTH:** _____ **FROM:** _____ **TO:** _____

**LIGHT COMMERCIAL - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR ALL HOURS WORKED ON LIGHT COMMERCIAL WORK.**

**RESIDENTIAL, SERVICE AND REPAIR - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR THE FIRST 40 HOURS WORKED EACH WEEK WHETHER SUCH WORK IS PERFORMED AT THE STRAIGHT TIME OR OVERTIME RATE. NO FRINGE BENEFIT CONTRIBUTIONS ARE OWED ON HOURS WORKED IN EXCESS OF 40 IN ANY WEEK.**

THIS REPORT WITH PAYMENT MUST BE **RECEIVED** BY THE PLUMBERS LOCAL 98 TRUST FUNDS NO LATER THAN THE **15th OF THE MONTH** FOLLOWING THE MONTH IN WHICH THE HOURS WERE WORKED. REMITTANCE IS BASED ON THE TYPE OF WORK AS EXPLAINED IN THE LANGUAGE ABOVE.

| SOCIAL SECURITY NUMBER | EMPLOYEE NAME | STRAIGHT TIME | OVER TIME | DOUBLE TIME | TOTAL HOURS WORKED (A) | TOTAL HOURS REPORTED |
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| | | | | | | |
| | | | | | | |
| | **TOTAL** | | | | | |

**TOTAL HOURS (A)** _____ **X $0.65 PER HOUR = $** _____

**MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98**
**MAIL TO: PLUMBERS LOCAL 98**
**PO BOX 638043**
**CINCINNATI, OH 45263-8043**

**SPECIAL NOTE:** FAILURE TO FILE THIS REPORT ON TIME OR CALCULATED INCORRECTLY WILL RESULT IN A LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANCE AMOUNT. THE LIQUIDATED DAMAGES CHARGE IS 10 % OF THE REMITTANCE AMOUNT BUT NOT LESS THAN $15.00.

EMPLOYERS NOT PAYING THE $.35 TO THE PIPING EDUCATIONAL COUNCIL FUND MUST ALLOCATE THE $.35 TO THE TRAINING FUND.
PLEASE CHECK HERE IF APPLICABLE: _____ **TRAINING FUND**
IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THE $.35 DIRECTLY TO THE PIPING EDUCATIONAL COUNCIL.

| FRINGE BENEFITS | |
|---|---|
| WORK DUES FUND | $0.25 |
| INT'L TR FUND | $0.05 |
| PIP EDU COUNCIL FUND | $0.35 |
| IAR FUND | $0.00 |
| **TOTAL** | $0.65 |

**ADMINISTRATIVE USE ONLY**

**DATE RECEIVED:** _____

**DEPOSIT DATE:** _____

**CHECK NUMBER:** _____

**CHECK AMOUNT:** _____

**ENTERED BY:** _____

**EMPLOYER:** _____

**ADDRESS:** _____

**CITY:** _____ **ST:** _____ **ZIP:** _____

**TELEPHONE:** _____

**CHECK FOR MORE FORMS** ___

**SIGNATURE:** _____ **DATE:** _____

**SUBMISSIONS OF CONTRIBUTIONS ON AN ALTERNATE FORM MUST BE APPROVED BY THE JAC**

BY SIGNING THIS FORM, YOU CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS A FULL AND ACCURATE STATEMENT OF ALL EMPLOYEES WORKING FOR YOU UNDER THE JURISDICTION OF THE PLUMBERS LOCAL 98 FOR THE PERIOD INDICATED. BY FILING THIS REPORT, THE ABOVE NAMED EMPLOYER AGREES TO BE BOUND BY ALL THE TERMS OF THE CURRENT COLLECTIVE BARGAINING AGREEMENT BETWEEN THE PLUMBERS LOCAL 98 AND THE MECHANICAL CONTRACTORS ASSOCIATION OF DETROIT, INC., AND TO ALL THE TERMS OF THE TRUST AGREEMENTS OF THESE FUNDS. SPECIFICALLY INCLUDING PROVISIONS RELATING TO THE FRINGE BENEFIT FUND CONTRIBUTIONS.

**Rev Date: 06/05/17**

# PLUMBERS LOCAL 98
# PO BOX 159
# TROY, MI 48099-0159

**PHONE: (248) 641-4988 TOLL FREE: (866) 646-8919**

**THIS REPORT IS TO BE USED ONLY FOR PRINCIPALS WHO WORK WITH TOOLS OF THE TRADE. DO NOT USE FOR JOURNEYMEN OR APPRENTICES**

## WORKING PRINCIPAL

**SEC 170**

**Month:** _____ **From:** _____ **To:** _____

**LIGHT COMMERCIAL - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR ALL HOURS WORKED ON LIGHT COMMERCIAL WORK. RESIDENTIAL, SERVICE AND REPAIR - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR STRAIGHT TIME HOURS ONLY.**

**THE PRINCIPAL MUST REPORT FOR NOT LESS THAN 32 HOURS OF WORK EACH WEEK. ONLY ONE WORKING PRINCIPAL PER FORM. THIS FORM IS NOT TO BE USED FOR SALESMEN, ESTIMATORS, SUPERINTENDENTS AND OTHER SUCH SALARIED PERSONNEL. REMITTANCE IS BASED ON THE TYPE OF WORK AS EXPLAINED IN THE LANGUAGE ABOVE.**

| SOCIAL SECURITY NUMBER | EMPLOYEE'S NAME | END OF LAST PAY PERIOD | TOTAL HOURS WORKED | TERM DATE | OPTIONAL FRINGE AMOUNT | |
|---|---|---|---|---|---|---|
| | | | | | INSURANCE | D/C PENSION |
| | | | | | | |

## FRINGE BENEFITS

| MANDATORY | |
|---|---|
| PENSION FUND | $ 13.90 |
| TRAINING FUND | $ 1.44 |
| WORK DUES FUND | $ 0.65 |
| INT'L TR. FUND | $ 0.05 |
| PIPING ED COUNCIL FUND | $ 0.52 |
| IAR FUND | $0.00 |
| **TOTAL** | **$ 16.56** |

| OPTIONAL | |
|---|---|
| FULL PLAN | $675 Single / $1,012 Family |
| STANDARD PLAN | $596 Single / $895 Family |
| BASIC PLAN | $533 Single / $640 Family |

**OPTIONAL***
**DEFINED CONTRIBUTION**

**ENTER AMOUNT**

**$** _____

(ALSO ENTER IN BOX ABOVE)

***IF SELECTING COVERAGE UNDER THE INSURANCE FUND, PLEASE INDICATE AMOUNT IN THE APPROPRIATE BOX ABOVE. IF MAKING A CONTRIBUTION TO THE DEFINED CONTRIBUTION PENSION, INDICATE THAT AMOUNT IN THE BOX ABOVE; NOT EXCEEDING THE LIMITS ALLOWED.***

**CONTRIBUTIONS TO ALL PENSION PLANS, IE., MANDATORY, OPTIONAL AND COMPANY PLANS MAY NOT EXCEED 25% OF EMPLOYEES WAGES.**

******* SEE REVERSE SIDE OF THIS FORM FOR ADDITIONAL INFORMATION REGARDING OPTIONAL CONTRIBUTIONS *******

TOTAL HOURS _____ X $ 16.56 PER HOUR = _____

INSURANCE FUND OPTION AMOUNT $ _____

D/C PENSION PLAN OPTION AMOUNT $ _____

TOTAL $ _____

**MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98**

**MAIL TO: PLUMBERS LOCAL 98**
**PO BOX 638043**
**CINCINNATI, OH 45263-8043**

**THIS REPORT WITH PAYMENT MUST BE RECEIVED BY THE PLUMBERS LOCAL 98 TRUST FUNDS NO LATER THAN THE 15TH OF THE MONTH FOLLOWING THE MONTH BEING REPORTED. REMITTANCE FOR FRINGES IS BASED ON ALL ACTUAL HOURS WORKED. WAGE REDUCTION REMITTANCE IS BASED ON STRAIGHT TIME HOURS NOT TO EXCEED 40 HOURS PER WEEK.**

**ADMINISTRATIVE USE ONLY**

**DATE RECEIVED:** _____

**DEPOSIT DATE:** _____

**CHECK NUMBER:** _____

**CHECK AMOUNT:** _____

**ENTERED BY:** _____

**EMPLOYER:** _____

**ADDRESS:** _____

**CITY:** _____ **ST:** _____ **ZIP:** _____

**TELEPHONE:** _____

**CHECK FOR MORE FORMS** ____

**SIGNATURE:** _____ **DATE:** _____

**SPECIAL NOTE:** FAILURE TO FILE THIS REPORT ON TIME OR CALCULATED INCORRECTLY WILL RESULT IN A LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANCE AMOUNT. THE LIQUIDATED DAMAGES CHARGE IS 10 % OF THE REMITTANCE AMOUNT BUT NOT LESS THAN $15.00.

I CERTIFY THAT THE INFORMATION IN THIS REPORT IS A FULL AND ACCURATE STATEMENT OF ALL WORKING PRINCIPALS EMPLOYED OR WORKING FOR THE EMPLOYER UNDER THE JURISDICTION OF THE PLUMBERS LOCAL 98 FOR THE PERIOD INDICATED. BY FILING THIS REPORT, THE UNDERSIGNED EMPLOYER AGREES TO BE BOUND BY ALL THE TERMS OF THE CURRENT COLLECTIVE BARGAINING AGREEMENT BETWEEN THE PLUMBERS LOCAL 98 AND THE MECHANICAL CONTRACTORS ASSOCIATION OF DETROIT, INC. AND TO THE TERMS OF THE TRUST AGREEMENTS OF THE FUNDS, SPECIFICALLY INCLUDING PROVISIONS RELATING TO FRINGE BENEFIT FUND CONTRIBUTIONS.

**SUBMISSIONS OF CONTRIBUTIONS ON ALTERNATE FORMS MUST BE APPROVED BY THE JAC**

**Rev Date: 06/05/2017**

## OPTIONAL CONTRIBUTIONS:

**EFFECTIVE JANUARY 1, 2016 – HEALTH INSURANCE OPTIONS**

Working Principals who elect medical and prescription drug coverage can no longer choose 2-person coverage.
The only options are single or family coverage.

Thus, a Working Principal can elect single or family coverage under the Full, Standard, or Basic plans for the following premiums:

| | |
|---|---|
| FULL PLAN: | $675 SINGLE / $1,012 FAMILY |
| STANDARD PLAN: | $596 SINGLE / $895 FAMILY |
| BASIC PLAN: | $533 SINGLE / $640 FAMILY |

After an election has been made, once per year a Working Principal can switch from the Full Plan to the Standard or Basic Plan or from the Standard Plan to the Basic Plan. Participants are only permitted to "upgrade" their plan selection during the annual Open Enrollment.

To receive a chart of the benefits under the Full, Standard, and Basic plan options, please contact the Fund Administration Office at (248) 641-4988 or (866) 646-8919.

- WHEN COMPARING INSURANCE RATES TO INSURANCE RATES THAT YOU MAY SOLICIT, MAKE SURE THE BENEFITS ARE COMPARABLE. THE INSURANCE FUND INSURES MORE MEDICAL BENEFITS; IT INCLUDES DEATH BENEFITS AND PRESCRIPTION BENEFITS. IF YOU DO NOT OPERATE YOUR BUSINESS AS A CORPORATION, PLEASE CHECK WITH YOUR ACCOUNTANT TO DETERMINE YOUR TAX DEDUCTIBILITY AS TO YOUR PAYMENT TO THE INSURANCE FUND OR YOUR COMPANY'S OWN INSURANCE PLAN.

- PLUMBERS LOCAL 98 DEFINED CONTRIBUTION PENSION PLAN (D/C PLAN): YOU MAY OR MAY NOT CURRENTLY BE CONTRIBUTING TO YOUR OWN COMPANY'S QUALIFIED PLAN SUCH AS A 401K PLAN, ETC. IN ANY EVENT, THE MANDATORY CONTRIBUTION TO THE PLUMBERS LOCAL 98 DEFINED BENEFIT PLAN (D/B PLAN) DOES NOT CONFLICT WITH YOUR RIGHT TO CONTINUE TO CONTRIBUTE TO YOUR COMPANY'S QUALIFIED PLAN AS LONG AS YOUR CONTRIBUTIONS TO THE DB PLAN, DC PLAN, AND THE QUALIFIED PLAN DO NOT EXCEED TWENTY-FIVE PERCENT (25%) OF YOUR COMPENSATION PAID OR ACCRUED DURING A GIVEN TAXABLE YEAR.

- IF CONTRIBUTIONS TO THE DB PLAN AND YOUR COMPANY'S QUALIFIED PLAN DO NOT EXCEED THE 25% LIMIT, THIS WILL ALLOW YOU THE OPPORTUNITY TO CONTRIBUTE TO THE PLUMBERS LOCAL 98 DC PLAN, WHICH IS PROVIDED AS AN OPTION TO YOUR COMPANY. YOU MAY VERIFY YOUR COMPLIANCE WITH THE INTERNAL REVENUE CODE BY CONTACTING YOUR ATTORNEY OR TAX CONSULTANT.

******* REVERSE SIDE OF WORKING PRINCIPALS CONTRIBUTION REPORT *******