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)
	TOTAL								

TOTAL HOURS (A) _____ **X $30.93** **$** _____

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	$0.90
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
IARF FUND	$0.25
TOTAL	**$30.93**

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: 06/04/2018

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)
	TOTAL								

TOTAL HOURS (A) _____ **X $21.05** **$** _____

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
DEF CONTRIB FUND	$0.25
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	$0.25
TOTAL	**$21.05**

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: 06/04/2018

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		
							STRAIGHT TIME (B)	RATE	AMOUNT (C)
	TOTAL								

TOTAL HOURS (A) _____ **X $21.05 PER HOUR =** **$** _____

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
DEF CONTRIB FUND	$0.25
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	$0.25
TOTAL	**$21.05**

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: 06/04/2018

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	WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK		
							Straight Time (B)	Rate	AMOUNT (C)
	TOTAL								

TOTAL HOURS (A) _____ **X $8.53** **$** _____

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.

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: 06/04/2018

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		
							Straight Time (B)	Rate	AMOUNT (C)
	TOTAL								

TOTAL HOURS (A) _____ **X $10.50** **$** _____

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.

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: 06/04/2018

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	WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK		
							Straight Time (B)	Rate	AMOUNT (C)
	TOTAL								

TOTAL HOURS (A) _____ **X $10.55** **$** _____

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.

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: 06/04/2018

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		
							Straight Time (B)	Rate	AMOUNT (C)
	TOTAL								

TOTAL HOURS (A) _____ **X $10.60** **$** _____

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.

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: 06/04/2018

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		
							Straight Time (B)	Rate	AMOUNT (C)
	TOTAL								

TOTAL HOURS (A) _____ **X $11.25** **$** _____

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	$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**

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.

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: 06/04/2018

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		
							Straight Time (B)	Rate	AMOUNT (C)
	TOTAL								

TOTAL HOURS (A) _____ **X $7.25** **$** _____

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	$6.00
WORK DUES FUND	$0.50
PIP EDU COUNCIL FUND	$0.50
IAR FUND	$0.25
TOTAL	**$7.25**

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.

Rev Date: 06/04/2018

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		
							Straight Time (B)	Rate	AMOUNT (C)
	TOTAL								

TOTAL HOURS (A) _____ **X $4.70** **$** _____

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	$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	$0.25
TOTAL	**$4.70**

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.

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: 6/04/2018

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		
							STRAIGHT TIME (B)	RATE	AMOUNT (C)
	TOTAL								

TOTAL HOURS (A) _____ **X $10.33 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	$0.25
TOTAL	**$10.33** *

*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: 6/04/2018

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
	TOTAL					

TOTAL HOURS (A) _____ **X $1.20 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	
WORK DUES FUND	$0.55
INT'L TR FUND	$0.05
PIP EDU COUNCIL FUND	$0.35
IAR FUND	$0.25
TOTAL	**$1.20**

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: 6/04/2018

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
	TOTAL					

TOTAL HOURS (A) _____ **X $.90 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	
WORK DUES FUND	$0.25
INT'L TR FUND	$0.05
PIP EDU COUNCIL FUND	$0.35
IAR FUND	$0.25
TOTAL	**$0.90**

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: 6/04/2018

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

PHONE: (248) 641-4988 **TOLL FREE: (888) 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

Month: _____ **From:** _____ **To:** _____ **SEC 170**

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

FRINGE BENEFITS

MANDATORY		OPTIONAL*** WAGE REDUCTION PLAN	OPTIONAL*** DEFINED CONTRIBUTION	OPTIONAL INSURANCE ***
PENSION FUND	$13.90	PLEASE REFER TO CURRENT WAGE DEFERRAL LIMITS IMPOSED BY THE IRS WHICH ARE SUBJECT TO CHANGE ON AN ANNUAL BASIS AS LISTED ON BACK SIDE OF FORM	PLEASE REFER TO CURRENT WAGE DEFERRAL LIMITS IMPOSED BY THE IRS WHICH ARE SUBJECT TO CHANGE ON AN ANNUAL BASIS AS LISTED ON BACK SIDE OF FORM	Working Principal can elect single or family coverage under the Full, Standard, or Basic plans as listed on back side of form
TRAINING FUND	$1.44			
WORK DUES FUND	$0.65			
INT'L TRAINING FUND	$0.05			
PIPING ED COUNCIL FUND	$0.52			
I.A.R.FUND	$0.25			
		$	$	$
TOTAL	**$16.81**	ENTER AMOUNT	ENTER AMOUNT	ENTER AMOUNT

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

TOTAL HOURS _____ **X $ 16.81 PER HOUR** = $ _____

WAGE REDUCTION OPTION AMT $ _____

D/C PENSION FUND OPTION AMOUNT $ _____

INSURANCE PLAN OPTION AMOUNT $ _____

TOTAL THIS REPORT $ _____

MAKE CHECK PAYABLE TO:

PLUMBERS LOCAL 98
PO BOX 638043
CINCINNATI, OH 45263-8043

THIS REPORT WITH PAYMENT MUST BE RECEIVED BY THE PIPEFITTERS LOCAL 636 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. ** SEE REVERSE SIDE

ADMINISTRATIVE USE ONLY

DATE RECEIVED: _____

DEPOSIT DATE: _____

CHECK NUMBER: _____

CHECK AMOUNT: _____

ENTERED BY: _____

EMPLOYER: _____

ADDRESS: _____

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

TELEPHONE: _____

CHECK BOX FOR MORE FORMS ☐
CHECK BOX IF FINAL REPORT ☐

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 JOINT ADMINISTRATIVE COMMITTEE

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.

PLEASE BE ADVISED THAT THERE ARE LIMITS ON TAX DEDUCTIBILITY OF CONTRIBUTIONS MADE TO PENSION FUNDS. THE FUND HAS NO RESPONSIBILITY OR LIABILITY FOR DETERMINING THE DEDUCTIBILITY OF CONTRIBUTIONS, OR ANY TAX CONSEQUENCES OF PARTICIPATING IN THIS FUND. YOU SHOULD CONSULT WITH YOUR ATTORNEY OR TAX CONSULTANT BEFORE MAKING A DECISION TO PARTICIPATE.

IF YOU CHOOSE TO PARTICIPATE, CONTRIBUTIONS MUST BE MADE ACCORDING TO THE RULES

- For Participants under age 50, the wage deferral limit imposed by the IRS for 2018 is $18,500. For Participants age 50 and over, the IRS allows additional catch-up contributions of $6,000 ($24,500 total for 2018).

THE LIMITS ARE SUBJECT TO CHANGE ON AN ANNUAL BASIS TO CORRESPOND TO THE IRS LIMITS ISSUED EACH YEAR.

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