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. WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED Total Total 40 HOURS PER WEEK Hours Hours Straight Worke Reporte Straight **SOCIAL SECURITY NUMBER EMPLOYEE NAME** AMOUNT (C) Time Time (A) Time (B) Rate TOTAL ___ X \$10.90 TOTAL HOURS (A) MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98 MAIL TO: PLUMBERS LOCAL 98 WAGE REDUCTION (B) _ HOURS TOTAL (C) \$ __ PO BOX 675434 **DETROIT. MI 48267-5434 TOTAL THIS REPORT \$** 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 ADMINISTRATIVE USE ONLY INSURANCE FUND EMPLOYER: WORKING DUES FUND \$1.00 DATE RECEIVED: PIP EDU COUNCIL FUND \$0.50 ADDRESS: TRAINING FUND \$0.50 IARF FUND \$0.90 DEPOSIT DATE: TOTAL \$10.90 ZIP: CHECK NUMBER: TELEPHONE: _ CHECK FOR MORE FORMS CHECK AMOUNT:

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.

SIGNATURE:

DATE:

ENTERED BY:

EFF Date: 7/1/2024