

TOLL FREE: (866) 646-8919

SEC 103

EFF Date:	6/2/25
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TOLL FREE: (866) 646-8919

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.

[illegible]

TOTAL HOURS (A) _____ **x \$15.08** **\$** _____

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

TOTAL THIS REPORT \$ _____

MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98

MAIL TO: PLUMBERS LOCAL 98

PO BOX 675434

DETROIT, MI 48267-5434

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		ADMINISTRATIVE USE ONLY	EMPLOYER: _____
DB PENSION FUND	\$6.50	DATE RECEIVED: _____	ADDRESS: _____
INSURANCE FUND	\$5.95	DEPOSIT DATE: _____	CITY: _____ ST: _____ ZIP: _____
SUB FUND	\$0.10	CHECK NUMBER: _____	TELEPHONE: _____
WORKING DUES FUND	\$0.82	CHECK AMOUNT: _____	CHECK FOR MORE FORMS _____
GENERAL DUES FUND	\$0.15	ENTERED BY: _____	SIGNATURE: _____ DATE: _____
TRAINING FUND	\$0.43		
INT'L TR FUND	\$0.05		
PIP EDU COUNCIL FUND	\$0.58		
DC PENSION FUND	\$0.50		
IARF FUND	\$0.00		
TOTAL	\$15.08		

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.

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[illegible]

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[illegible]

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

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