

# PLUMBERS, PIPE FITTERS & MES LOCAL UNION NO. 392

HEALTH AND WELFARE • PENSION FUND • SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND

1228 CENTRAL PARKWAY, ROOM 100 • CINCINNATI, OHIO 45202

(513) 241-0444 • FAX (513) 241-1130

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Dear Employer:

The employer questionnaire is necessary for the Benefit Office to maintain and update employer records and verify that all legal requirements for the Plan participation pertaining to employers and employees are being met. The information that you furnish in the enclosed questionnaire will be limited to assisting the Trustees and their administrative staff for the purpose of administering the pension benefit program in accordance with the Trust, the Plan and applicable law.

Section 4.3 of the Plumbers, Pipe Fitters & MES Union Local No. 392 Fringe Benefit Funds Trust Agreement provides as follows:

*In addition to the enforcement remedies which may exist under the collective bargaining agreement and under this Amended Agreement and Declaration of Trust, the Trustees are authorized and empowered to take whatever proceedings they determine may be proper and necessary, in their discretion, to enforce an employer's obligations under this Trust, including, but not limited to, suits at law or in equity, arbitration, and any remedies which would be generally be available to the parties for enforcement of the collective bargaining agreement or as may be provided by law.*

Please feel free to contact me if you have any questions.

Very truly yours,

PLUMBERS, PIPE FITTERS & MES  
LOCAL UNION NO. 392  
FRINGE BENEFIT OFFICE  
Rinda Hoffman  
Administrative Manager

# CONTRIBUTING CONTRACTOR QUESTIONNAIRE

\_\_\_\_\_  
LEGAL NAME OF CONTRIBUTING EMPLOYER

\_\_\_\_\_  
TELEPHONE # OF HOME OFFICE

\_\_\_\_\_  
ADDRESS OF EMPLOYERS HOME OR PRINCIPAL OFFICE

\_\_\_\_\_  
FEDERAL I.D. #

\_\_\_\_\_  
ADDRESS OF EMPLOYERS LOCAL OR AREA OFFICE ADDRESS IF DIFFERENT FROM ABOVE

\_\_\_\_\_  
TELEPHONE # OF AREA OFFICE

TYPE OF BUSINESS ORGANIZATION:     CORPORATION     PARTNERSHIP     INDIVIDUAL PROPRIETORSHIP

•IF CORPORATION, PLEASE IDENTIFY OFFICERS, DIRECTORS AND SHAREHOLDERS:

**OFFICERS:**

PRESIDENT: \_\_\_\_\_

VICE PRESIDENT: \_\_\_\_\_

SECRETARY: \_\_\_\_\_

TREASURER: \_\_\_\_\_

**DIRECTORS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SHAREHOLDERS:**

| SHAREHOLDER | # OF SHARES/% OF STOCK OWNED |
|-------------|------------------------------|
|             |                              |
|             |                              |
|             |                              |
|             |                              |

•IF A PARTNERSHIP, PLEASE IDENTIFY TYPE:     GENERAL PARTNERSHIP     LIMITED PARTNERSHIP

| NAMES OF PARTNERS | ADDRESSES OF PARTNERS |
|-------------------|-----------------------|
|                   |                       |
|                   |                       |
|                   |                       |
|                   |                       |

•IF INDIVIDUAL PROPRIETORSHIP, PLEASE GIVE THE NAME AND ADDRESS OF THE OWNER:

| NAME | ADDRESS |
|------|---------|
|      |         |

*I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED IN THIS QUESTIONNAIRE IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I FURTHER CERTIFY THAT I AM AUTHORIZED BY THE EMPLOYER TO PROVIDE THIS INFORMATION AND CERTIFY AS TO ITS ACCURACY.*

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE