

PLUMBERS, PIPE FITTERS & MES LOCAL UNION NO. 392

FRINGE BENEFITS AND EMPLOYEE DEDUCTIONS REMITTANCE REPORT

CONTRACTOR INFORMATION
NAME: _____
ADDRESS: _____ _____
EMPLOYER FEDERAL IDENTIFICATION NO. _____
LOCAL UNION(S) 0392
EMPLOYER'S ACCOUNT NO. _____
JOB LOCATION _____
DECLARATION —THE ABOVE NAMED CONTRACTOR CERTIFIES THAT THIS REPORT INCLUDES ONLY EMPLOYEES COVERED UNDER THE TERMS OF A COLLECTIVE BARGAINING AGREEMENT WITH THE UNITED ASSOCIATION OR A UNITED ASSOCIATION LOCAL UNION AND DOES NOT INCLUDE A SOLE PROPRIETOR NOR PARTNER OF THE CONTRACTOR.

PREPARED BY _____
DATE _____
IF FINAL REPORT, INDICATE HERE <input type="checkbox"/>
IF NO HOURS ARE TO BE REPORTED FOR THIS MONTH, INDICATE HERE <input type="checkbox"/>

CALCULATIONS OF CONTRIBUTIONS AND DEDUCTIONS				
	TOTAL HOURS WORKED	TOTAL HOURS PAID	RATE	AMOUNT
Health & Welfare—All Classifications			6.40	
Special Fund (P.A.P.)—Journeyman			.55	
Special Fund (P.A.P.)—Servicemen, M.E.S. Advance & Construction Helper			.45	
Special Fund (P.A.P.)—PL & PF Apprentices, M.E.S. Apprentices			.35	
Disability—M.E.S., Residential & Commercial			.10	
Pension—5th Year Plumber Service, Pipe Fitter Apprentices & Journeyman			10.70	
Pension—M.E.S. Advancement			6.96	
Pension—3rd & 4th Year Pipe Fitter Apprentices, Plumber Service Apprentices & Construction Helper			5.35	
Pension—5th YR M.E.S. Apprentices, Servicemen & Plumber Servicemen			5.99	
Pension—M.E.S. (Pension Increase)			8.56	
Pension—3rd & 4th YR M.E.S. Apprentices			3.00	
Supplemental Unemployment Benefit			.48	
M.E.S. Education			.40	
All Other Education			.40	
Industry Promotion			.13	
D.F.W.P.			.02	
Dues Deduction & Market Recovery				AS PER SCHED.
Vacation Deduction				AS PER SCHED.
Supplemental Vacation Deduction			.50	

THIS REMITTANCE REPORT SHALL BE SENT VIA E-MAIL TO fringes@local392fringefunds.com BY THE 15TH DAY OF THE MONTH FOLLOWING THE PRECEDING MONTH FOR HOURS WORKED.

ALL CONTRIBUTIONS SHALL BE MADE BY EACH CONTRACTOR ON THE LAST BUSINESS DAY OF THE MONTH COVERING THE REQUIRED PAYMENTS FOR THE PRECEDING MONTH. **CONTRIBUTIONS NOT RECEIVED BY THE LAST BUSINESS DAY OF THE MONTH WILL BE ASSESSED 8% LIQUIDATED DAMAGES ON THE UNPAID BALANCE.**

REPORTED MONTH _____ PAYROLL PERIODS ENDING / / / / /

SOCIAL SECURITY NUMBER	LAST NAME	INITIALS	HOURS PAID BY PAYROLL PERIODS					TOTAL HOURS WORKED	TOTAL HOURS PAID	WAGE RATE OR RATES	GROSS WAGES PAID	DUES DED.	VACATION DED.
			1 ST	2 ND	3 RD	4 TH	5 TH						

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY

PLEASE NOTE—If an employee is paid at more than one wage rate, the number of hours and gross wages paid at each wage rate must be shown.

NATIONAL PENSION—Please remit direct on their form.

INTERNATIONAL TRAINING FUND—Remit with National Pension.

VACATION FUND—THIS MUST BE REMITTED SEPARATELY. E-mail a copy of the remittance report to remittance.392fcu@fuse.net and submit contributions via Electronic Funds Transfer to the account provided by the Local Union 392 Federal Credit Union.

****OTHER FUNDS AND DUES DEDUCTION**—Please remit via Electronic Funds Transfer for the Fringe Benefit Funds and Dues Deduction.