PLUMBERS, PIPEFITTERS & MES LOCAL UNION NO. 392
SUPPLEMENTAL RETIREMENT PLAN
SALARY DEFERRAL REMITTANCE FORM

This form must be completed in its entirety

CONTRACTOR INFORMATION

Name_____ Prepared by_____

Address_____ Phone #_____

_____

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.

The Salary Deferral Remittance Form shall be sent via email to fringes@local392fringefunds.com by the 15th day of the following month after the deduction was taken from the member's paycheck.

All contributions submitted by the employer must be received via Electronic Funds Transfer by the 15th day of the month following the preceding month in which contributions were deducted.

REPORTED MONTH PAYROLL PERIODS ENDING / / / /

* The salary deferral is based on 1% increments of gross pay up to 30%.

SOCIAL SECURITY NUMBER	LAST NAME	INITIALS	TOTAL WAGES	DEFERRAL PERCENTAGE*	TOTAL CONTRIBUTIONS