IRON WORKERS’ LOCALS 15 & 424

PENSION - EXTENDED BENEFIT - APPRENTICE TRAINING - ANNUITY

321 Research Parkway - Suite 210

Meriden, CT 06450 Phone (203) 238-1204 or 1-800-982-3709 Fax (203) 639-0815

# Benefit Contribution Report

|  |  |
| --- | --- |
| **Employer’s Name and Address** | Page: \_\_\_\_ of \_\_\_\_ |
| Send More Forms: \_\_\_\_ Yes \_\_\_ No |
| Job Complete: \_\_\_\_ Yes \_\_\_ No |

**Week Ending Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Journeyman Rate: $34.47**

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| SOCIAL SECURITY # | NAME | | JOB LOCATION | | HOURS WORKED | | | HOURS PAID | |
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| One check required for all Funds – Payment Due by 2nd Thursday after work week Total Hrs: | | | | |  | | |  | |
| We warrant the above information to be  true and correct. This report constitutes a  written agreement under the Taft Hartley Act.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | FUND | | HOURS | | TYPE | RATE | | AMOUNT |
| Pension Fund | |  | | Worked | $11.45 | |  |
| Extended Benefit Fund | |  | | Worked | $10.48 | |  |
| Apprentice Training Fund | |  | | Worked | $1.05 | |  |
| I.M.P.A.C.T. | |  | | Worked | $.26 | |  |
| CIEA Industry Program | |  | | Worked | $.09 | |  |
| Fund Office Use Only: | | AGC/CCIA Bldg Promotion Program  ( includes $.01 to CCLMC ) | |  | | Worked | $.05 | |  |
| Posting Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Annuity Fund | |  | | Paid | $4.61 | |  |
| Ck #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Pension Fund Supplemental Contribution | |  | | Paid | $3.50 | |  |
| Ck Amt:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Total Contribution (Rates Effective June 29, 2015) | | | | | | |  |