

CEMENT MASONS LOCAL 404

1417 E. 25th Street, Cleveland, Ohio 44114

HEAVY HIGHWAY FRINGE BENEFITS FORM

5/1/19

COMBINED MONTHLY EMPLOYER'S CONTRIBUTION REPORT

EMPLOYER'S NAME AND ADDRESS

THIS IS SHEET NUMBER _____ OF _____ SHEETS

HOURS WORKED IN MONTH OF _____, _____

FOR PAYROLL PERIOD ENDING _____, _____

(NOTE: Report for all weekly payroll periods ending in the above month.)

This report is due no later than the 15th day of the month for employment of the preceding month. 10% assessment for late filing.

Employee's Name	SS#	Straight Time Hrs.	Overtime Hours	Double Time Hrs.	Gross Wages	Working Dues Per Employee	Savings Plan Per Employee
TOTAL HOURS							

SAVINGS PLAN - (OPTIONAL) Total Hours _____ x \$ _____ \$ _____

UNION DUES -
 Journeyperson Total Hours _____ x \$2.05 \$ _____
 Foreman Total Hours _____ x \$2.11 \$ _____
 Sewage Treatment Total Hours _____ x \$2.11 \$ _____
 Apprentice Total Hours _____ (See Schedule) \$ _____

BLDG. FUND - B.T.C. - Total Hours _____ x \$.37 \$ _____

PENSION FUND - NOT DEDUCTED (PAID BY EMPLOYER) Total Hours _____ x \$6.90 \$ _____

HEALTH & WELFARE FUND - NOT DEDUCTED (PAID BY EMPLOYER) Total Hours _____ x \$8.00 \$ _____

JOINT APPRENTICESHIP TRUST FUND - NOT DEDUCTED (PAID BY EMPLOYER) Total Hours _____ x \$.79 \$ _____

ANNUITY FUND - NOT DEDUCTED (PAID BY EMPLOYER) Total Hours _____ x \$2.25 \$ _____

INDUSTRY PROMOTION FUND - NOT DEDUCTED (PAID BY EMPLOYER) Total Hours _____ x \$.05 \$ _____

ADMINISTRATIVE FEE - NOT DEDUCTED (PAID BY EMPLOYER - EXCLUDES OCA MEMBERS) Total Hours _____ x \$.08 \$ _____

INTERNATIONAL TRAINING FUND - NOT DEDUCTED (PAID BY EMPLOYER) Total Hours _____ x \$.06 \$ _____

TOTAL AMOUNT DUE \$ _____

10% Assessment for late filing \$ _____

TOTAL AMOUNT DUE \$ _____

For Additional forms
Call the Union Office 216-771-3929

Make check payable to:
OHIO CONFERENCE OF PLASTERERS
AND CEMENT MASONS COMBINED FUND

Retain Yellow copy for your files
Forward white copy with check to:
33 Fitch Blvd.
Austintown, Ohio 44515

SECTION 4413.15 OF THE OHIO REVISED CODE MAKES IT A CRIMINAL OFFENSE FOR FAILURE TO PAY FRINGE BENEFIT CONTRIBUTIONS ON BEHALF OF YOUR EMPLOYEES. BY SIGNING THIS FORM AND SUBMITTING AUTHORIZATION TO BIND THE EMPLOYER, ON WHOSE BEHALF THE PAYMENT IS MADE, TO THE CURRENT APPLICABLE COLLECTIVE BARGAINING AGREEMENT UNDER WHICH EMPLOYEES ARE WORKING ALONG WITH VARIOUS TRUST DOCUMENTS OF THE VARIOUS FRINGE BENEFIT FUNDS TO WHICH THE FRINGE BENEFIT CONTRIBUTIONS ARE PAID.

Authorized Signature

Date