LABORERS' PENSION AND WELFARE FUNDS FOR CHICAGO & VICINITY

11465 W. CERMAK ROAD, WESTCHESTER, ILLINOIS 60154-5768 **TELEPHONE 1-708-562-0200 ADMINISTRATION**
email: FieldDept@chilpwf.com **www.chicagolaborersfunds.com**

CODE

FED. ID NO._____

PHONE: _____

REPORT FOR HOURS WORKED IN _____
PERIOD FROM_____TO_____

CONTRACTOR : _____

Please check here

Inactive
- ☐ No Laborers This Month
- ☐ No Laborers Until Further Notice

Final Report
- ☐ Sold (out of) business

- ☐ Change of address
- ☐ Change in name
- ☐ Send more forms

If you are interested in managing your account online, please register at www.chicagolaborersfunds.com under "Employers" section - click on "Account Login" and "Register".

(MUST BE SHOWN) SSN	LOCAL NO.	NAME OF EMPLOYEE	TOTAL HOURS

FUND	RATE	TOTAL HOURS	AMOUNT
WELFARE & PENSION	30.31		
TRAINING	0.90		
TOTAL (ALL FUNDS)			

EMPLOYER'S WARRANTY AND ACCEPTANCE: The undersigned employer hereby warrants that this report accurately states all hours worked by all laborers in its employ. In addition, the employer hereby agrees to be bound to the terms of the current collective bargaining agreement executed between the Construction and General Laborers' District Council of Chicago and Vicinity and the relevant Multi Employer Associations. Further, the undersigned hereby expressly accepts and agrees to be bound by the Trust agreements governing Laborers' Pension and Welfare, et al., and accepts all of the terms thereof with the intention of providing benefits to its laborers.

Please complete and return this report with payment to:

If you are using USPS mail:
Laborers' Pension & Welfare Funds
33367 Treasury Center
Chicago, IL 60694-3300

If you are using Courier packages & messenger deliveries:
Xerox c/o BMO Harris
LBX 33367
141 W Jackson Blvd Ste 1000
Chicago, IL 60604

Fund Adm. _____

Union _____

Employer _____

By _____
Signed by an authorized officer, partner of agent only

REMITTANCE FORM