

Chicago & Vicinity Laborers' District Council Pension and Welfare Funds

11465 CERMAK ROAD, WESTCHESTER, ILLINOIS 60154

TELEPHONE 1-708-562-0200

www.chicagolaborersfunds.com

CODE

FED. ID NO. _____
PHONE _____

REPORT FOR HOURS WORKED IN _____
PERIOD FROM _____ TO _____

CONTRACTOR: _____

**Please
Check
Here**

Inactive
<input type="checkbox"/> No Laborers This Month
<input type="checkbox"/> No Laborers Until Further Notice
Final Report
<input type="checkbox"/> Sold (out of) Business
<input type="checkbox"/> Change of address
<input type="checkbox"/> Change in name
<input type="checkbox"/> 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
Total Page Hours			
FUND	RATE	TOTAL HOURS	AMOUNT
Welfare & Pension	33.28		
Training	0.91		
TOTAL (ALL FUNDS)	34.19		
CHECK NUMBER			

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. *Catharine R. Wand* Employer _____
Joseph V. Healy By _____
Union *[Signature]* Signed by an Authorized officer, partner of agent only

REMITTANCE FORM

DUE DATES

Contributions shall be received by the Funds on or before the tenth day of the first month following the month in which covered work was performed and are delinquent on the tenth day of the second month following the month in which covered work was performed. Any Contributions received on or after the eleventh day of the second month will be assessed liquidated damages.

SALARIED SUPERVISOR EMPLOYEES

Your company can make contributions for salaried Laborer supervisors on either of two options: 1) actual hours worked; or 2) forty (40) hours per week, fifty-two (52) weeks for a fiscal year.

Option 1 – You must make and retain records of all actual hours worked by such salaried supervisors even though they are paid on a salaried basis and must contribute for each hour worked. No contributions are required during periods of vacation or layoff.

Option 2 – You have the option of contributing to the Funds for such salaried supervisors on a forty (40) hours per week basis, but you must contribute to the Funds for fifty-two (52) weeks for at least one entire fiscal year (June 1 through May 31) unless the employee permanently quits or is terminated as noted below. Thus, contributions are due for each week of the fiscal year, regardless of whether the supervisor is actually working for all such weeks. The company need not maintain hourly records for designated salaried supervisors. Once an employee is designated a salaried supervisor, the company will be obligated to pay contributions through the end of any fiscal year which the individual has been reported as a salaried supervisor unless the employee permanently quits or is terminated by the company. The company must report a termination or quit on the monthly report when the event occurs.

You are required to designate on your monthly remittance form to the Funds each such salaried supervisor you are going to contribute on the forty (40) hours a week, fifty-two (52) for any fiscal year basis by writing “salaried supervisor” next to each such individual’s name.

This option applies only to salaried supervisors employed by the company. Contributions for all other Laborer employees must be made on the basis of all hours worked and records of all hours worked must be maintained.

CONTRIBUTIONS ON OWNERS

To report on behalf of an owner, and Employer must apply for acceptance of the owner as a Non-Bargained Participant. Upon acceptance by the Board of Trustees’ as a Non-Bargained Participant, contributions must be made for a minimum of forty (40) hours per week and two thousand eighty (2,080) hours per year.