

# CEMENT MASONS LOCAL 404

1417 E. 25th Street, Cleveland, Ohio 44114

# HEAVY HIGHWAY FRINGE BENEFITS FORM

5/1/20

## 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
<b>TOTAL HOURS</b>							

SAVINGS PLAN - (OPTIONAL) Total Hours \_\_\_\_\_ x \$ \_\_\_\_\_ ..... \$ \_\_\_\_\_

UNION DUES -  
 Journeyman Total Hours \_\_\_\_\_ x \$2.10 ..... \$ \_\_\_\_\_  
 Foreman Total Hours \_\_\_\_\_ x \$2.17 ..... \$ \_\_\_\_\_  
 Sewage Treatment Total Hours \_\_\_\_\_ x \$2.17 ..... \$ \_\_\_\_\_  
 Apprentice Total Hours \_\_\_\_\_ (See Schedule) ..... \$ \_\_\_\_\_

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

PENSION FUND - Total Hours \_\_\_\_\_ x \$7.15 ..... \$ \_\_\_\_\_  
NOT DEDUCTED (PAID BY EMPLOYER)

HEALTH & WELFARE FUND - Total Hours \_\_\_\_\_ x \$8.25 ..... \$ \_\_\_\_\_  
NOT DEDUCTED (PAID BY EMPLOYER)

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

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

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

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

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

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