

CEMENT MASONS LOCAL 404

HEAVY HIGHWAY FRINGE BENEFITS FORM

1417 E. 25th Street, Cleveland, Ohio 44114

5/1/24

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 \$2.32 \$ _____
 Foreman Total Hours _____ x \$2.38 \$ _____
 Apprentice Total Hours _____ (See Schedule) \$ _____

BLDG. FUND - B.T.C. - Total Hours _____ x \$0.37 \$ _____

PENSION FUND - Total Hours _____ x \$7.65 \$ _____

NOT DEDUCTED (PAID BY EMPLOYER)
 HEALTH & WELFARE FUND - Total Hours _____ x \$8.80 \$ _____

NOT DEDUCTED (PAID BY EMPLOYER)
 JOINT APPRENTICESHIP TRUST FUND - Total Hours _____ x \$0.89 \$ _____

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

NOT DEDUCTED (PAID BY EMPLOYER)
 INDUSTRY PROMOTION FUND - Total Hours _____ x \$0.05 \$ _____

NOT DEDUCTED (PAID BY EMPLOYER)
 ADMINISTRATIVE FEE - Total Hours _____ x \$0.08 \$ _____

NOT DEDUCTED (PAID BY EMPLOYER - EXCLUDES OCA MEMBERS)
 INTERNATIONAL TRAINING FUND - Total Hours _____ x \$0.07 \$ _____

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:
 3660 Stutz Drive, Suite 101
 Canfield, OH 44406

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