

PLUMBERS LOCAL 98
PO BOX 159
TROY, MI 48099-0159

PHONE: (248) 641-4988

TOLL FREE: (888) 646-8919

THIS REPORT IS TO BE USED ONLY FOR PRINCIPALS WHO WORK WITH TOOLS OF THE TRADE.
DO NOT USE FOR JOURNEYMEN OR APPRENTICES

RESIDENTIAL WORKING PRINCIPAL

Month: _____

From: _____

To: _____

SEC 171

LIGHT COMMERCIAL - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR ALL HOURS WORKED ON LIGHT COMMERCIAL WORK. RESIDENTIAL, SERVICE AND REPAIR - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR STRAIGHT TIME HOURS ONLY.

THE PRINCIPAL MUST REPORT FOR NOT LESS THAN 32 HOURS OF WORK EACH WEEK. ONLY ONE WORKING PRINCIPAL PER FORM. THIS FORM IS NOT TO BE USED FOR SALESMEN, ESTIMATORS, SUPERINTENDENTS AND OTHER SUCH SALARIED PERSONNEL. REMITTANCE IS BASED ON THE TYPE OF WORK AS EXPLAINED IN THE LANGUAGE ABOVE.

SOCIAL SECURITY NUMBER	EMPLOYEE'S NAME	END OF LAST PAY PERIOD		TOTAL HOURS WORKED

FRINGE BENEFITS

MANDATORY	OPTIONAL*** WAGE REDUCTION PLAN	OPTIONAL*** DEFINED CONTRIBUTION	OPTIONAL INSURANCE ***
DB PENSION FUND optional	PLEASE REFER TO CURRENT WAGE DEFERRAL LIMITS IMPOSED BY THE IRS WHICH ARE SUBJECT TO CHANGE ON AN ANNUAL BASIS AS LISTED ON BACK SIDE OF FORM	PLEASE REFER TO CURRENT WAGE DEFERRAL LIMITS IMPOSED BY THE IRS WHICH ARE SUBJECT TO CHANGE ON AN ANNUAL BASIS AS LISTED ON BACK SIDE OF FORM	Working Principal can elect single or family coverage under the Full, Standard, or Basic plans as listed on back side of form
TRAINING FUND \$1.44			
WORKING DUES FUND \$2.08			
GENERAL DUES \$0.40			
INT'L TRAINING FUND \$0.10			
PIPING ED COUNCIL FUND \$0.60			
IARF FUND \$0.90			
Insurance optional	\$	\$	\$
TOTAL \$5.52	ENTER AMOUNT	ENTER AMOUNT	ENTER AMOUNT

OPTIONAL INFORMATION REGARDING OPTIONAL CONTRIBUTIONS *****

TOTAL HOURS _____ X \$5.52 = \$ _____	MAKE CHECK PAYABLE TO: LOCAL 98 PO BOX 675434 DETROIT, MI 48267-5434
WAGE REDUCTION OPTION AMT \$ _____	
D/C PENSION FUND OPTION AMOUNT \$ _____	
INSURANCE PLAN OPTION AMOUNT \$ _____	
TOTAL THIS REPORT \$ _____	

THIS REPORT WITH PAYMENT MUST BE RECEIVED BY THE PIPEFITTERS LOCAL 636 TRUST FUNDS NO LATER THAN THE 15TH OF THE MONTH FOLLOWING THE MONTH BEING REPORTED. REMITTANCE FOR FRINGES IS BASED ON ALL ACTUAL HOURS WORKED. WAGE REDUCTION REMITTANCE IS BASED ON STRAIGHT TIME HOURS NOT TO EXCEED 40 HOURS PER WEEK. ** SEE REVERSE SIDE

ADMINISTRATIVE USE ONLY		EMPLOYER: _____
DATE RECEIVED: _____		ADDRESS: _____
DEPOSIT DATE: _____		CITY: _____ ST: _____ ZIP: _____
CHECK NUMBER: _____		TELEPHONE: _____
CHECK AMOUNT: _____		CHECK BOX FOR MORE FORMS ☐
ENTERED BY: _____		CHECK BOX IF FINAL REPORT ☐
		SIGNATURE: _____ DATE: _____

SPECIAL NOTE: FAILURE TO FILE THIS REPORT ON TIME OR CALCULATED INCORRECTLY WILL RESULT IN A LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANCE AMOUNT. THE LIQUIDATED DAMAGES CHARGE IS 10 % OF THE REMITTANCE AMOUNT BUT NOT LESS THAN \$15.00.

I CERTIFY THAT THE INFORMATION IN THIS REPORT IS A FULL AND ACCURATE STATEMENT OF ALL WORKING PRINCIPALS EMPLOYED OR WORKING FOR THE EMPLOYER UNDER THE JURISDICTION OF THE PLUMBERS LOCAL 98 FOR THE PERIOD INDICATED. BY FILING THIS REPORT, THE UNDERSIGNED EMPLOYER AGREES TO BE BOUND BY ALL THE TERMS OF THE CURRENT COLLECTIVE BARGAINING AGREEMENT BETWEEN THE PLUMBERS LOCAL 98 AND THE MECHANICAL CONTRACTORS ASSOCIATION OF DETROIT, INC. AND TO THE TERMS OF THE TRUST AGREEMENTS OF THE FUNDS. SPECIFICALLY INCLUDING PROVISIONS RELATING TO FRINGE BENEFIT FUND CONTRIBUTIONS.

MS MUST BE APPROVED BY THE JOINT ADMINISTRATIVE COMMITTEE

EFF Date: 6/2/25

TOLL FREE: (866) 646-8919

SEC 102

MONTH: _____ FROM: _____ TO: _____

LIGHT COMMERCIAL - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR ALL HOURS WORKED ON LIGHT COMMERCIAL WORK.

RESIDENTIAL, SERVICE AND REPAIR - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR THE FIRST 40 HOURS WORKED EACH WEEK WHETHER SUCH WORK IS PERFORMED AT THE STRAIGHT TIME OR OVERTIME RATE. NO FRINGE BENEFIT CONTRIBUTIONS ARE OWED ON HOURS WORKED IN EXCESS OF 40 IN ANY WEEK.

THIS REPORT WITH PAYMENT MUST BE **RECEIVED** BY THE PLUMBERS LOCAL 98 TRUST FUNDS NO LATER THAN THE **15th OF THE MONTH** FOLLOWING THE MONTH IN WHICH THE HOURS WERE WORKED. REMITTANCE IS BASED ON THE TYPE OF WORK EXPLAINED IN THE LANGUAGE ABOVE.

SOCIAL SECURITY NUMBER	EMPLOYEE NAME	Straight Time	Over Time	Double Time	Total Hours Worked (A)	Total Hours Reported	WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK		
							Straight Time (B)	Rate	AMOUNT (C)
TOTAL									

TOTAL HOURS (A) _____ **X \$13.11** **\$** _____

WAGE REDUCTION (B) _____ HOURS TOTAL (C) \$ _____

TOTAL THIS REPORT \$ _____

MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98
MAIL TO: PLUMBERS LOCAL 98
PO BOX 675434
DETROIT, MI 48267-5434

SPECIAL NOTE: FAILURE TO FILE THIS REPORT ON TIME OR CALCULATED INCORRECTLY WILL RESULT IN A LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANCE AMOUNT. THE LIQUIDATED DAMAGES CHARGE IS 10 % OF THE REMITTANCE AMOUNT BUT NOT LESS THAN \$15.00.

FRINGE BENEFITS		EMPLOYERS NOT PAYING THE <u>\$.50</u> TO THE PIPING EDUCATIONAL COUNCIL FUND MUST ALLOCATE THE <u>\$.50</u> TO THE TRAINING FUND. PLEASE CHECK HERE IF APPLICABLE: <u> </u> TRAINING FUND IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THE <u>\$.50</u> DIRECTLY TO THE PIPING EDUCATIONAL COUNCIL.	
DB PENSION FUND	\$4.83		
INSURANCE FUND	\$5.65		
SUB FUND	\$0.10		
WORKING DUES FUND	\$0.82		
GENERAL DUES	\$0.15		
TRAINING FUND	\$0.43		
INT'L TR FUND	\$0.05		
PIP EDU COUNCIL FUND	\$0.58		
DC PENSION FUND	\$0.50		
IARF FUND	\$0.00		
TOTAL	\$13.11		

ADMINISTRATIVE USE ONLY		EMPLOYER: _____	
DATE RECEIVED: _____		ADDRESS: _____	
DEPOSIT DATE: _____		CITY: _____ ST: _____ ZIP: _____	
CHECK NUMBER: _____		TELEPHONE: _____	
CHECK AMOUNT: _____		CHECK FOR MORE FORMS ☐	
ENTERED BY: _____		SIGNATURE: _____ DATE: _____	

ALTERNATE FORM MUST BE APPROVED BY THE JAC

BY SIGNING THIS FORM, YOU CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS A FULL AND ACCURATE STATEMENT OF ALL EMPLOYEES WORKING FOR YOU UNDER THE JURISDICTION OF THE PLUMBERS LOCAL 98 FOR THE PERIOD INDICATED. BY FILING THIS REPORT, THE ABOVE NAMED EMPLOYER AGREES TO BE BOUND BY ALL THE TERMS OF THE CURRENT COLLECTIVE BARGAINING AGREEMENT BETWEEN THE PLUMBERS LOCAL 98 AND THE MECHANICAL CONTRACTORS ASSOCIATION OF DETROIT, INC., AND TO ALL THE TERMS OF THE TRUST AGREEMENTS OF THESE FUNDS. SPECIFICALLY INCLUDING PROVISIONS RELATING TO THE FRINGE BENEFIT FUND CONTRIBUTIONS

EFF Date: 6/2/25

TOLL FREE: (866) 646-8919

SEC 103

MONTH: _____ FROM: _____ TO: _____

LIGHT COMMERCIAL - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR ALL HOURS WORKED ON LIGHT COMMERCIAL WORK.

RESIDENTIAL SERVICE AND REPAIR - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR THE FIRST 40 HOURS WORKED EACH WEEK WHETHER SUCH WORK IS PERFORMED AT THE STRAIGHT TIME OR OVERTIME RATE. NO FRINGE BENEFIT CONTRIBUTIONS ARE OWED ON HOURS WORKED IN EXCESS OF 40 IN ANY WEEK.

THIS REPORT WITH PAYMENT MUST BE **RECEIVED** BY THE PLUMBERS LOCAL 98 TRUST FUNDS NO LATER THAN THE **15th OF THE MONTH** FOLLOWING THE MONTH IN WHICH THE HOURS WERE WORKED. REMITTANCE IS BASED ON THE TYPE OF WORK AS EXPLAINED IN THE LANGUAGE ABOVE.

[illegible]

TOTAL HOURS (A)	_____	X \$15.03	\$ _____
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WAGE REDUCTION (B) _____ HOURS TOTAL (C) \$ _____

TOTAL THIS REPORT \$

MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98
MAIL TO: PLUMBERS LOCAL 98
PO BOX 675434
DETROIT, MI 48267-5434

SPECIAL NOTE: FAILURE TO FILE THIS REPORT ON TIME OR CALCULATED INCORRECTLY WILL RESULT IN A LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANCE AMOUNT. THE LIQUIDATED DAMAGES CHARGE IS 10 % OF THE REMITTANCE AMOUNT BUT NOT LESS THAN \$15.00.

		EMPLOYERS NOT PAYING THE \$.50 TO THE PIPING EDUCATIONAL COUNCIL FUND MUST ALLOCATE THE \$.50 TO THE TRAINING FUND. PLEASE CHECK HERE IF APPLICABLE: _____	TRAINING FUND
		IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THE \$.50 DIRECTLY TO THE PIPING EDUCATIONAL COUNCIL.	
FRINGE BENEFITS			
DB PENSION FUND	\$6.50		
INSURANCE FUND	\$5.90		
SUB FUND	\$0.10		
WORKING DUES FUND	\$0.82		
GENERAL DUES	\$0.15		
TRAINING FUND	\$0.43		
INT'L TR FUND	\$0.05		
PIP EDU COUNCIL FUND	\$0.58		
DC PENSION FUND	\$0.50		
IARF FUND	\$0.00		
TOTAL	\$15.03		
		ADMINISTRATIVE USE ONLY	EMPLOYER:
		DATE RECEIVED: _____	_____
		DEPOSIT DATE: _____	ADDRESS: _____
		CHECK NUMBER: _____	CITY: _____ ST: ____ ZIP: _____
		CHECK AMOUNT: _____	TELEPHONE: _____ CHECK FOR MORE FORMS _____
		ENTERED BY: _____	SIGNATURE: _____ DATE: _____

ALTERNATE FORM MUST BE APPROVED BY THE JAC

BY SIGNING THIS FORM, YOU CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS A FULL AND ACCURATE STATEMENT OF ALL EMPLOYEES WORKING FOR YOU UNDER THE JURISDICTION OF THE PLUMBERS LOCAL 98 FOR THE PERIOD INDICATED. BY FILING THIS REPORT, THE ABOVE NAMED EMPLOYER AGREES TO BE BOUND BY ALL THE TERMS OF THE CURRENT COLLECTIVE BARGAINING AGREEMENT BETWEEN THE PLUMBERS LOCAL 98 AND THE MECHANICAL CONTRACTORS ASSOCIATION OF DETROIT, INC., AND TO ALL THE TERMS OF THE TRUST AGREEMENTS OF THESE FUNDS. SPECIFICALLY INCLUDING PROVISIONS RELATING TO THE FRINGE BENEFIT FUND CONTRIBUTIONS.

EFF Date:	6/2/25
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TOLL FREE: (866) 646-8919

SEC 104

EFF Date: 6/2/25

TOLL FREE: (866) 646-8919

SEC 105

MONTH: _____ FROM: _____ TO: _____

LIGHT COMMERCIAL - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR ALL HOURS WORKED ON LIGHT COMMERCIAL WORK.

RESIDENTIAL SERVICE AND REPAIR - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR THE FIRST 40 HOURS WORKED EACH WEEK WHETHER SUCH WORK IS PERFORMED AT THE STRAIGHT TIME OR OVERTIME RATE. NO FRINGE BENEFIT CONTRIBUTIONS ARE OWED ON HOURS WORKED IN EXCESS OF 40 IN ANY WEEK.

THIS REPORT WITH PAYMENT MUST BE **RECEIVED** BY THE PLUMBERS LOCAL 98 TRUST FUNDS NO LATER THAN THE **15th OF THE MONTH** FOLLOWING THE MONTH IN WHICH THE HOURS WERE WORKED. REMITTANCE IS BASED ON THE TYPE OF WORK AS EXPLAINED IN THE LANGUAGE ABOVE.

[illegible]

TOTAL HOURS (A) _____ x \$15.13 \$ _____

WAGE REDUCTION (B)	HOURS	TOTAL (C) \$
_____	_____	_____

TOTAL THIS REPORT \$

MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98

MAIL TO: PLUMBERS LOCAL 98

PO BOX 675434

DETROIT, MI 48267-5434

SPECIAL NOTE: FAILURE TO FILE THIS REPORT ON TIME OR CALCULATED INCORRECTLY WILL RESULT IN A LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANCE AMOUNT. THE LIQUIDATED DAMAGES CHARGE IS 10 % OF THE REMITTANCE AMOUNT BUT NOT LESS THAN \$15.00.

FRINGE BENEFITS		EMPLOYERS NOT PAYING THE \$.50 TO THE PIPING EDUCATIONAL COUNCIL FUND MUST ALLOCATE THE \$.50 TO THE TRAINING FUND. PLEASE CHECK HERE IF APPLICABLE: _____ TRAINING FUND IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THE \$.50 DIRECTLY TO THE PIPING EDUCATIONAL COUNCIL.	
DB PENSION FUND	\$6.50		
INSURANCE FUND	\$6.00		
SUB FUND	\$0.10		
WORKING DUES FUND	\$0.82		
GENERAL DUES FUND	\$0.15		
TRAINING FUND	\$0.43		
INT'L TR FUND	\$0.05		
PIP EDU COUNCIL FUND	\$0.58		
DC PENSION FUND	\$0.50		
IARF FUND	\$0.00		
TOTAL	\$15.13		

ADMINISTRATIVE USE ONLY		EMPLOYER: _____	
DATE RECEIVED:	_____	ADDRESS: _____	
DEPOSIT DATE:	_____	CITY: _____ ST: _____ ZIP: _____	
CHECK NUMBER:	_____	TELEPHONE: _____	CHECK FOR MORE FORMS _____
CHECK AMOUNT:	_____		
ENTERED BY:	_____	SIGNATURE: _____	DATE: _____

ALTERNATE FORM MUST BE APPROVED BY THE JAC

BY SIGNING THIS FORM, YOU CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS A FULL AND ACCURATE STATEMENT OF ALL EMPLOYEES WORKING FOR YOU UNDER THE JURISDICTION OF THE PLUMBERS LOCAL 98 FOR THE PERIOD INDICATED. BY FILING THIS REPORT, THE ABOVE NAMED EMPLOYER AGREES TO BE BOUND BY ALL THE TERMS OF THE CURRENT COLLECTIVE BARGAINING AGREEMENT BETWEEN THE PLUMBERS LOCAL 98 AND THE MECHANICAL CONTRACTORS ASSOCIATION OF DETROIT, INC., AND TO ALL THE TERMS OF THE TRUST AGREEMENTS OF THESE FUNDS. SPECIFICALLY INCLUDING PROVISIONS RELATING TO THE FRINGE BENEFIT FUND CONTRIBUTIONS.

TOLL FREE: (866) 646-8919

SEC 110

MONTH: _____ FROM: _____ TO: _____

THIS REPORT WITH PAYMENT MUST BE **RECEIVED** BY THE PLUMBERS LOCAL 98 TRUST FUNDS NO LATER THAN THE **15th OF THE MONTH** FOLLOWING THE MONTH IN WHICH THE HOURS WERE WORKED. REMITTANCE IS BASED ON ALL ACTUAL HOURS WORKED. WAGE REDUCTION REMITTANCE IS BASED ON STRAIGHT TIME HOURS NOT TO EXCEED 40 HOURS PER WEEK.

[illegible]

TOTAL HOURS (A) _____ x \$36.56 \$ _____

WAGE REDUCTION (B) _____ **HOURS** **TOTAL (C) \$** _____

TOTAL THIS REPORT \$ _____

MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98
MAIL TO: PLUMBERS LOCAL 98
PO BOX 675434
DETROIT, MI 48267-5434

SPECIAL NOTE: FAILURE TO FILE THIS REPORT ON TIME OR CALCULATED INCORRECTLY WILL RESULT IN A LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANCE AMOUNT. THE LIQUIDATED DAMAGES CHARGE IS 10 % OF THE REMITTANCE AMOUNT BUT NOT LESS THAN \$15.00.

FRINGE BENEFITS			
DB PENSION FUND	\$18.90	EMPLOYERS NOT PAYING THE <u>\$.52</u> TO THE PIPING EDUCATIONAL COUNCIL FUND MUST ALLOCATE THE <u>\$.52</u> TO THE TRAINING FUND. PLEASE CHECK HERE IF APPLICABLE: _____ TRAINING FUND IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THE <u>\$.52</u> DIRECTLY TO THE PIPING EDUCATIONAL COUNCIL.	
INSURANCE FUND	\$9.65		
DC PENSION FUND	\$1.50		
WORK DUES FUND	\$2.20		
GEN. DUES FUND	\$0.40		
SUB FUND	\$0.69		
SUB FUND-INDIVIDUAL	\$0.10	ADMINISTRATIVE USE ONLY EMPLOYER: _____ ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____ TELEPHONE: _____ SIGNATURE: _____ DATE: _____	
TRAINING FUND	\$1.52		
INT'L TR FUND	\$0.10		
PIP EDU COUNCIL FUND	\$0.60		
IARF FUND	\$0.90		
TOTAL	\$36.56		
		CHECK FOR MORE FORMS _____	

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EFF DATE	6/2/25
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TOLL FREE: (866) 646-8919

SEC 130

THIS REPORT WITH PAYMENT MUST BE **RECEIVED** BY THE PLUMBERS LOCAL 98 TRUST FUNDS NO LATER THAN THE **15th OF THE MONTH** FOLLOWING THE MONTH IN WHICH THE HOURS WERE WORKED. REMITTANCE IS BASED ON THE TYPE OF WORK AS EXPLAINED IN THE LANGUAGE ABOVE.
WAGE REDUCTION REMITTANCE IS BASED ON STRAIGHT TIME HOURS NOT TO EXCEED 40 HOURS PER WEEK.

SOCIAL SECURITY NUMBER	EMPLOYEE NAME	STRAIGHT TIME	OVER TIME	DOUBLE TIME	TOTAL HOURS WORKED (A)	TOTAL HOURS REPORTED	WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK		
							STRAIGHT TIME (B)	RATE	AMOUNT (C)
TOTAL									

TOTAL HOURS (A) x \$11.66 \$
WAGE REDUCTION (B) HOURS TOTAL (C) \$
*TOTAL THIS REPORT \$

MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98
MAIL TO: PLUMBERS LOCAL 98
PO BOX 675434
DETROIT, MI 48267-5434

SPECIAL NOTE: FAILURE TO FILE THIS REPORT ON TIME OR CALCULATED INCORRECTLY WILL RESULT IN A LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANCE AMOUNT. THE LIQUIDATED DAMAGES CHARGE IS 10 % OF THE REMITTANCE AMOUNT BUT NOT LESS THAN \$15.00.

FRINGE BENEFITS		EMPLOYERS NOT PAYING THE \$.35 TO THE PIPING EDUCATIONAL COUNCIL FUND MUST ALLOCATE THE \$.35 TO THE TRAINING FUND.																									
INSURANCE FUND	\$6.72	PLEASE CHECK HERE IF APPLICABLE: TRAINING FUND																									
WORK DUES FUND	\$1.02	IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THE \$.35 DIRECTLY TO THE PIPING EDUCATIONAL COUNCIL.																									
GENERAL DUES	\$0.10																										
DEF CONTRIB*	\$1.75																										
TRAINING FUND	\$0.69																										
INT'L TR FUND	\$0.05																										
PIP EDU COUNCIL FUND	\$0.43																										
IARF FUND	\$0.90 *																										
TOTAL	\$11.66																										
* DURING THE INITIAL PROBATIONARY PERIOD OF 90 DAYS, DEFINED CONTRIBUTION (DC) IS NOT PAID. AFTER PROBATIONARY PERIOD ENDS, CONTRIBUTIONS TO THE DC BEGIN		<table border="1"> <tr> <td colspan="2">ADMINISTRATIVE USE ONLY</td> <td colspan="2">EMPLOYER: _____</td> </tr> <tr> <td colspan="2">DATE RECEIVED: _____</td> <td colspan="2">ADDRESS: _____</td> </tr> <tr> <td colspan="2">DEPOSIT DATE: _____</td> <td colspan="2">CITY: _____ ST: _____ ZIP: _____</td> </tr> <tr> <td colspan="2">CHECK NUMBER: _____</td> <td colspan="2">TELEPHONE: _____</td> </tr> <tr> <td colspan="2">CHECK AMOUNT: _____</td> <td colspan="2" rowspan="2"> CHECK FOR MORE FORMS </td> </tr> <tr> <td colspan="2">ENTERED BY: _____</td> <td colspan="2"> SIGNATURE: _____ DATE: _____ </td> </tr> </table>		ADMINISTRATIVE USE ONLY		EMPLOYER: _____		DATE RECEIVED: _____		ADDRESS: _____		DEPOSIT DATE: _____		CITY: _____ ST: _____ ZIP: _____		CHECK NUMBER: _____		TELEPHONE: _____		CHECK AMOUNT: _____		CHECK FOR MORE FORMS		ENTERED BY: _____		SIGNATURE: _____ DATE: _____	
ADMINISTRATIVE USE ONLY		EMPLOYER: _____																									
DATE RECEIVED: _____		ADDRESS: _____																									
DEPOSIT DATE: _____		CITY: _____ ST: _____ ZIP: _____																									
CHECK NUMBER: _____		TELEPHONE: _____																									
CHECK AMOUNT: _____		CHECK FOR MORE FORMS																									
ENTERED BY: _____				SIGNATURE: _____ DATE: _____																							

BY SIGNING THIS FORM, YOU CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS A FULL AND ACCURATE STATEMENT OF ALL EMPLOYEES WORKING FOR YOU UNDER THE JURISDICTION OF THE PLUMBERS LOCAL 98 FOR THE PERIOD INDICATED. BY FILING THIS REPORT, THE ABOVE NAMED EMPLOYER AGREES TO BE BOUND BY ALL THE TERMS OF THE CURRENT COLLECTIVE BARGAINING AGREEMENT BETWEEN THE PLUMBERS LOCAL 98 AND THE MECHANICAL CONTRACTORS ASSOCIATION OF DETROIT, INC., AND TO ALL THE TERMS OF THE TRUST AGREEMENTS OF THESE FUNDS, SPECIFICALLY INCLUDING PROVISIONS RELATING TO THE FRINGE BENEFIT FUND CONTRIBUTIONS.

EFF Date: 6/2/25

TOLL FREE: (866) 646-8919

SEC 199

MONTH: _____ FROM: _____ TO: _____

LIGHT COMMERCIAL - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR ALL HOURS WORKED ON LIGHT COMMERCIAL WORK.
RESIDENTIAL, SERVICE AND REPAIR - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR THE FIRST 40 HOURS WORKED EACH WEEK
WHETHER SUCH WORK IS PERFORMED AT THE STRAIGHT TIME OR OVERTIME RATE. NO FRINGE BENEFIT CONTRIBUTIONS ARE OWED ON HOURS
WORKED IN EXCESS OF 40 IN ANY WEEK.

THIS REPORT WITH PAYMENT MUST BE **RECEIVED** BY THE PLUMBERS LOCAL 98 TRUST FUNDS NO LATER THAN THE **15th OF THE MONTH** FOLLOWING THE MONTH IN WHICH THE HOURS WERE WORKED. REMITTANCE IS BASED ON THE TYPE OF WORK AS EXPLAINED IN THE LANGUAGE ABOVE.

[illegible]

TOTAL HOURS (A) _____ **X \$11.23** **\$** _____

WAGE REDUCTION (B) _____ **HOURS** **TOTAL (C) \$** _____

TOTAL THIS REPORT \$

MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98

MAIL TO: PLUMBERS LOCAL 98

PO BOX 675434

DETROIT, MI 48267-5434

SPECIAL NOTE: FAILURE TO FILE THIS REPORT ON TIME OR CALCULATED INCORRECTLY WILL RESULT IN A LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANCE AMOUNT. THE LIQUIDATED DAMAGES CHARGE IS 10 % OF THE REMITTANCE AMOUNT BUT NOT LESS THAN \$15.00.

<table border="1"> <tr> <th colspan="2">FRINGE BENEFITS</th> </tr> <tr> <td>INSURANCE FUND</td> <td>\$8.15</td> </tr> <tr> <td>WORKING DUES FUND</td> <td>\$1.02</td> </tr> <tr> <td>PIP EDU COUNCIL FUND</td> <td>\$0.58</td> </tr> <tr> <td>TRAINING FUND</td> <td>\$0.58</td> </tr> <tr> <td>IARF FUND</td> <td>\$0.90</td> </tr> <tr> <td>TOTAL</td> <td>\$11.23</td> </tr> </table>		FRINGE BENEFITS		INSURANCE FUND	\$8.15	WORKING DUES FUND	\$1.02	PIP EDU COUNCIL FUND	\$0.58	TRAINING FUND	\$0.58	IARF FUND	\$0.90	TOTAL	\$11.23	<table border="1"> <tr> <td colspan="2">ADMINISTRATIVE USE ONLY</td> </tr> <tr> <td>DATE RECEIVED: _____</td> <td>EMPLOYER: _____</td> </tr> <tr> <td>DEPOSIT DATE: _____</td> <td>ADDRESS: _____</td> </tr> <tr> <td>CHECK NUMBER: _____</td> <td>CITY: _____ ST: _____ ZIP: _____</td> </tr> <tr> <td>CHECK AMOUNT: _____</td> <td>TELEPHONE: _____</td> </tr> <tr> <td>ENTERED BY: _____</td> <td>SIGNATURE: _____ DATE: _____</td> </tr> </table>		ADMINISTRATIVE USE ONLY		DATE RECEIVED: _____	EMPLOYER: _____	DEPOSIT DATE: _____	ADDRESS: _____	CHECK NUMBER: _____	CITY: _____ ST: _____ ZIP: _____	CHECK AMOUNT: _____	TELEPHONE: _____	ENTERED BY: _____	SIGNATURE: _____ DATE: _____
FRINGE BENEFITS																													
INSURANCE FUND	\$8.15																												
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IARF FUND	\$0.90																												
TOTAL	\$11.23																												
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DATE RECEIVED: _____	EMPLOYER: _____																												
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CHECK NUMBER: _____	CITY: _____ ST: _____ ZIP: _____																												
CHECK AMOUNT: _____	TELEPHONE: _____																												
ENTERED BY: _____	SIGNATURE: _____ DATE: _____																												
		CHECK FOR MORE FORMS _____																											

SUBMISSIONS OF CONTRIBUTIONS ON AN ALTERNATE FORM MUST BE APPROVED BY THE JAC

BY SIGNING THIS FORM, YOU CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS A FULL AND ACCURATE STATEMENT OF ALL EMPLOYEES WORKING FOR YOU UNDER THE JURISDICTION OF THE PLUMBERS LOCAL 98 FOR THE PERIOD INDICATED. BY FILING THIS REPORT, THE ABOVE NAMED EMPLOYER AGREES TO BE BOUND BY ALL THE TERMS OF THE CURRENT COLLECTIVE BARGAINING AGREEMENT BETWEEN THE PLUMBERS LOCAL 98 AND THE MECHANICAL CONTRACTORS ASSOCIATION OF DETROIT, INC., AND TO ALL THE TERMS OF THE TRUST AGREEMENTS OF THESE FUNDS. SPECIFICALLY INCLUDING PROVISIONS RELATING TO THE FRINGE BENEFIT FUND CONTRIBUTIONS.

EFF Date: 6/2/25

PLUMBERS LOCAL 98
PO BOX 159
TROY, MI 48099-0159

PHONE: (248) 641-4988

TOLL FREE: (888) 646-8919

THIS REPORT IS TO BE USED ONLY FOR PRINCIPALS WHO WORK WITH TOOLS OF THE TRADE.
DO NOT USE FOR JOURNEYMEN OR APPRENTICES

WORKING PRINCIPAL

Month: _____

From: _____

To: _____

SEC 170

LIGHT COMMERCIAL - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR ALL HOURS WORKED ON LIGHT COMMERCIAL WORK. RESIDENTIAL, SERVICE AND REPAIR - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR STRAIGHT TIME HOURS ONLY.

THE PRINCIPAL MUST REPORT FOR NOT LESS THAN 32 HOURS OF WORK EACH WEEK. ONLY ONE WORKING PRINCIPAL PER FORM. THIS FORM IS NOT TO BE USED FOR SALESMEN, ESTIMATORS, SUPERINTENDENTS AND OTHER SUCH SALARIED PERSONNEL. REMITTANCE IS BASED ON THE TYPE OF WORK AS EXPLAINED IN THE LANGUAGE ABOVE.

SOCIAL SECURITY NUMBER	EMPLOYEE'S NAME	END OF LAST PAY PERIOD		TOTAL HOURS WORKED

FRINGE BENEFITS

MANDATORY		OPTIONAL*** WAGE REDUCTION PLAN	OPTIONAL*** DEFINED CONTRIBUTION	OPTIONAL INSURANCE ***
DB PENSION FUND	\$18.90	PLEASE REFER TO CURRENT WAGE DEFERRAL LIMITS IMPOSED BY THE IRS WHICH ARE SUBJECT TO CHANGE ON AN ANNUAL BASIS AS LISTED ON BACK SIDE OF FORM	PLEASE REFER TO CURRENT WAGE DEFERRAL LIMITS IMPOSED BY THE IRS WHICH ARE SUBJECT TO CHANGE ON AN ANNUAL BASIS AS LISTED ON BACK SIDE OF FORM	Working Principal can elect single or family coverage under the Full, Standard, or Basic plans as listed on back side of form
TRAINING FUND	\$1.44			
WORKING DUES FUND	\$0.65			
INT'L TRAINING FUND	\$0.05			
PIPING ED COUNCIL FUND	\$0.60			
IARF FUND	\$0.90			
		\$	\$	\$
TOTAL	\$22.54	ENTER AMOUNT	ENTER AMOUNT	ENTER AMOUNT

ADDITIONAL INFORMATION REGARDING OPTIONAL CONTRIBUTIONS *****

TOTAL HOURS _____ X \$22.54	= \$ _____	MAKE CHECK PAYABLE TO: LOCAL 98 PO BOX 675434 DETROIT, MI 48267-5434
WAGE REDUCTION OPTION AMT	\$ _____	
D/C PENSION FUND OPTION AMOUNT	\$ _____	
INSURANCE PLAN OPTION AMOUNT	\$ _____	
TOTAL THIS REPORT	\$ _____	

THIS REPORT WITH PAYMENT MUST BE RECEIVED BY THE PIPEFITTERS LOCAL 636 TRUST FUNDS NO LATER THAN THE 15TH OF THE MONTH FOLLOWING THE MONTH BEING REPORTED. REMITTANCE FOR FRINGES IS BASED ON ALL ACTUAL HOURS WORKED. WAGE REDUCTION REMITTANCE IS BASED ON STRAIGHT TIME HOURS NOT TO EXCEED 40 HOURS PER WEEK. ** SEE REVERSE SIDE

ADMINISTRATIVE USE ONLY		EMPLOYER: _____ ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____ TELEPHONE: _____ CHECK BOX FOR MORE FORMS ☐ CHECK BOX IF FINAL REPORT ☐ SIGNATURE: _____ DATE: _____
DATE RECEIVED: _____ DEPOSIT DATE: _____ CHECK NUMBER: _____ CHECK AMOUNT: _____ ENTERED BY: _____		

SPECIAL NOTE: FAILURE TO FILE THIS REPORT ON TIME OR CALCULATED INCORRECTLY WILL RESULT IN A LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANCE AMOUNT. THE LIQUIDATED DAMAGES CHARGE IS 10 % OF THE REMITTANCE AMOUNT BUT NOT LESS THAN \$15.00.

I CERTIFY THAT THE INFORMATION IN THIS REPORT IS A FULL AND ACCURATE STATEMENT OF ALL WORKING PRINCIPALS EMPLOYED OR WORKING FOR THE EMPLOYER UNDER THE JURISDICTION OF THE PLUMBERS LOCAL 98 FOR THE PERIOD INDICATED. BY FILING THIS REPORT, THE UNDERSIGNED EMPLOYER AGREES TO BE BOUND BY ALL THE TERMS OF THE CURRENT COLLECTIVE BARGAINING AGREEMENT BETWEEN THE PLUMBERS LOCAL 98 AND THE MECHANICAL CONTRACTORS ASSOCIATION OF DETROIT, INC. AND TO THE TERMS OF THE TRUST AGREEMENTS OF THE FUNDS, SPECIFICALLY INCLUDING PROVISIONS RELATING TO FRINGE BENEFIT FUND CONTRIBUTIONS.

THIS MUST BE APPROVED BY THE JOINT ADMINISTRATIVE COMMITTEE

EFF Date: 6/2/25

OPTIONAL CONTRIBUTIONS:

HEALTH INSURANCE OPTIONS

Working Principals who elect medical and prescription drug coverage can no longer choose 2-person coverage. The only options are single or family coverage.

Thus, a Working Principal can elect single or family coverage under the Full, Standard, or Basic plans for the following premiums:

Effec 8/1/19

FULL PLAN: \$800 SINGLE / \$1,155 FAMILY

STANDARD PLAN: \$625 SINGLE / \$955 FAMILY

BASIC PLAN: \$533 SINGLE / \$640 FAMILY

After an election has been made, once per year a Working Principal can switch from the Full Plan to the Standard or Basic Plan or from the Standard Plan to the Basic Plan. Participants are only permitted to “upgrade” their plan selection during the annual Open Enrollment.

To receive a chart of the benefits under the Full, Standard, and Basic plan options, please contact the Fund Administration Office at (248) 641-4988 or (866) 646-8919.

WHEN COMPARING INSURANCE RATES TO INSURANCE RATES THAT YOU MAY SOLICIT, MAKE SURE THE BENEFITS ARE COMPARABLE. THE INSURANCE FUND INSURES MORE MEDICAL BENEFITS; IT INCLUDES DEATH BENEFITS AND PRESCRIPTION BENEFITS. IF YOU DO NOT OPERATE YOUR BUSINESS AS A CORPORATION, PLEASE CHECK WITH YOUR ACCOUNTANT TO DETERMINE YOUR TAX DEDUCTIBILITY AS TO YOUR PAYMENT TO THE INSURANCE FUND OR YOUR COMPANY'S OWN INSURANCE PLAN.

PLUMBERS LOCAL 98 DEFINED CONTRIBUTION PENSION PLAN (D/C PLAN): YOU MAY OR MAY NOT CURRENTLY BE CONTRIBUTING TO YOUR OWN COMPANY'S QUALIFIED PLAN SUCH AS A 401K PLAN, ETC. IN ANY EVENT, THE MANDATORY CONTRIBUTION TO THE PLUMBERS LOCAL 98 DEFINED BENEFIT PLAN (D/B PLAN) DOES NOT CONFLICT WITH YOUR RIGHT TO CONTINUE TO CONTRIBUTE TO YOUR COMPANY'S QUALIFIED PLAN.

PLEASE BE ADVISED THAT THERE ARE LIMITS ON TAX DEDUCTIBILITY OF CONTRIBUTIONS MADE TO PENSION FUNDS. THE FUND HAS NO RESPONSIBILITY OR LIABILITY FOR DETERMINING THE DEDUCTIBILITY OF CONTRIBUTIONS, OR ANY TAX CONSEQUENCES OF PARTICIPATING IN THIS FUND. YOU SHOULD CONSULT WITH YOUR ATTORNEY OR TAX CONSULTANT BEFORE MAKING A DECISION TO PARTICIPATE.

IF YOU CHOOSE TO PARTICIPATE, CONTRIBUTIONS MUST BE MADE ACCORDING TO THE RULES

* For Participants under age 50, the wage deferral limit imposed by the IRS for 2021 is \$19,500. For Participants age 50 and over, the IRS allows additional catch-up contributions of \$6,500. (\$26,000 total for 2021).

THE LIMITS ARE SUBJECT TO CHANGE ON AN ANNUAL BASIS TO CORRESPOND TO THE IRS LIMITS ISSUED EACH YEAR.

***** REVERSE SIDE OF WORKING PRINCIPALS CONTRIBUTION REPORT *****