# **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 **SEC 171** Month: From: 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 OPTIONAL INSURANCE \*\*\* DEFINED CONTRIBUTION** MANDATORY WAGE REDUCTION PLAN Working Principal can elect single or family coverage DB PENSION FUND PLEASE REFER TO CURRENT WAGE PLEASE REFER TO CURRENT WAGE DEFERRAL LIMITS IMPOSED BY THE IRS WHICH ARE SUBJECT TO CHANGE ON AN ANNUAL BASIS AS under the Full, Standard, or Basic plans as listed on DEFERRAL LIMITS IMPOSED BY THE IRS
WHICH ARE SUBJECT TO CHANGE ON AN TRAINING FUND \$1.44 back side of form ANNUAL BASIS AS LISTED ON BACK SIDE OF WORKING DUES FUND \$2.08 LISTED ON BACK SIDE OF FORM GENERAL DUES \$0.40 INT'L TRAINING FUND \$0.10 PIPING ED COUNCIL FUND \$0.60 IARF FUND \$0.90 optional nsurance TOTAL \$5.52 **ENTER AMOUNT ENTER AMOUNT ENTER AMOUNT** NAL INFORMATION REGARDING OPTIONAL CONTRIBUTIONS \*\*\*\*\* TOTAL HOURS \_ MAKE CHECK PAYABLE TO: WAGE REDUCTION OPTION AMT LOCAL 98 D/C PENSION FUND OPTION AMOUNT PO BOX 675434 **DETROIT, MI 48267-5434** 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: CHECK NUMBER: CHECK BOX FOR MORE FORMS TELEPHONE: CHECK AMOUNT:

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

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 FLING THIS REPORT. THE UNDERSINGED BY WORKING FOR THE EMPLOYER UNDER THE JURISDICTION OF THE THE PERIOD INDICATED, BY FLING THIS REPORT. THE UNDERSINGED BY MEMPLOYER 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

SIGNATURE:

CHECK BOX IF FINAL REPORT

EFF Date:

ENTERED BY:

PO BOX 159 TROY, MI 48099-0159

PHONE: (248) 641-4988 TOLL FREE: (866) 646-8919

# EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS 1ST YEAR APPRENTICE (Consists of 1st and 2nd Academic Periods)

**SEC 102** 

MONTH: \_\_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_\_ <u>LIGHT COMMERCIAL</u> - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR <u>ALL</u> 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.

					Total		WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK								
		04 1 1 4		B. 11.	Hours	Total		40 HC	DURS PER WEEK						
SOCIAL SECURITY NUMBER	EMPLOYEE NAME	Straight Time	Over Time	Double Time	Worked (A)	Hours Reported	Straight Time (B)	Rate	AMOUNT (C)						
	TOTAL														
TOTAL HOURS (A)	X \$13.11				/E 011E/	N DAVADI	F TO: D	LUMBEE	20.1.00.41.00						
WAGE REDUCTION (B)	HOURS TOTAL (C ) \$	HOURS TOTAL (C ) \$					MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98 MAIL TO: PLUMBERS LOCAL 98								
	TOTAL THIS REPORT \$		PO BOX 675434 DETROIT, MI 48267-5434												
SPECIAL NOTE: FAILURE TO FILE THIS RE THE LIQUIDATED DAMAGES CHARGE IS 10	PORT ON TIME OR CALCULATED INCORRECTLY WILL RESULT IN A LIQU ) % OF THE REMITTANCE AMOUNT BUT NOT LESS THAN \$15.00.	JIDATED D	AMAGES C	HARGE W	HICH WIL	L BE ADDED	TO THE F	REMITTAN	CE AMOUNT.						
	EMPLOYERS NOT PAYING THE \$.50 TO THE PIPING B				MUST ALL	OCATE THE	\$.50 TO TH	HE TRAINI	NG FUND.						
FRINGE BENEFITS	PLEASE CHECK HERE IF APPLICABLE: IF THIS INFORMATION IS NOT COMPLETED, THE FUN	I KAINI ID OFFICE	NG FUN WILL ALLO	סו CATE THE	\$.50 DIRI	ECTLY TO TI	HE PIPING	EDUCATI	ONAL COUNCIL.						
DB PENSION FUND \$4.83															
INSURANCE FUND \$5.65															
SUB FUND \$0.10															
WORKING DUES FUND \$0.82		EMPLOY	ER:												
GENERAL DUES \$0.15	DATE RECEIVED.	400000	0.												
TRAINING FUND \$0.43		ADDRES	s: <u> </u>												
INT'L TR FUND \$0.05	DEFOSIT DATE.	CITY:							ST:ZIP:						
PIP EDU COUNCIL FUND \$0.58		CITY:							٠٠						
DC PENSION FUND \$0.50		TEL EPH	ONF:						CHECK FOR						
IARF FUND \$0.00	CHECK AMOUNT:		<u>-</u>						MORE FORMS —						
TOTAL \$13.11	<u> </u>	SIGNATU	IRE:						DATE:						
ALTERNATE FORM MUST BE APPROVED		CIGNATO	,,,,_,												
	THAT THE INFORMATION CONTAINED IN THIS REPORT IS A FULL AND A	CCURATE	STATEMEN	NT OF ALL	EMPL OVE	ES WORKIN	IG FOR YO	UUNDER	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

PO BOX 159 TROY, MI 48099-0159

PHONE: (248) 641-4988 TOLL FREE: (866) 646-8919

### **EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS**

		ZND YE	AR APPREN	ICE (Consists of	3rd an	a 4th A	Acade	mic P	erioa	S)			SEC 103
MC	ONTH:			FROM:		TO: -							
LIGHT COMME	ERCIA	L - CONTRI	BUTIONS TO F	RINGE BENEFIT FU	NDS SH	IALL B	E PAIC	FOR	ALL H	OURS	WORK	ED ON	LIGHT
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WORKED EACH W				PERFORMED AT T								FRING	E BENEFII
	'	CONTRIBU	HONS ARE OW	VED ON HOURS WO	KKEDI	N EXC	E33 U	- 40 IN	ANT	WEEN.			
THIS REPORT WITH PAY	THIS REPORT WITH PAYMENT MUST BE <b>RECEIVED</b> BY THE PLUMBERS LOCAL 98 TRUST FUNDS NO LATER THAN THE <b>15th OF THE MONTH</b> FOLLOWING THE MONTH IN WHICH THE HOURS WERE WORKED. REMITTANCE IS BASED ON THE TYPE OF WORK AS EXPLAINED IN THE LANGUAGE ABOVE.												
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							Total Hours	Total Hours	s	TRAIGHT	WAGE REDUCTION PLAN RAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK		
OCIAL SECURITY NU	IMBER		EMPLOYEE	NAME	Straight Time	Over Time	Double Time	Worked (A)	Reporte d	Straight Time (B)	Rate	Δ1	MOUNT (C)
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				TOT.1									
				TOTAL								<u></u>	
OTAL HOURS (A)			X \$15.03	\$			MAK					RS LOCAL	L 98
/AGE REDUCTION (B)			HOURS	TOTAL (C ) \$				IVIA		LUMBER BOX 675		L 98	
_			TOTAL T	PERORT &					DETRO	IT, MI 482	267-5434	,	
				HIS REPORT \$									
PECIAL NOTE: FAILURE TO FI HE LIQUIDATED DAMAGES CH				RRECTLY WILL RESULT IN A L T NOT LESS THAN \$15.00.	IQUIDATED	DAMAGES	CHARGE	WHICH W	ILL BE AD	DED TO T	HE REMIT	TANCE AMO	OUNT.
			EMPLOYERS NOT PAY	YING THE \$.50 TO THE PIPING	EDUCATION	AL COUN	CIL FUND I	MUST ALL	OCATE TH	IE \$.50 TO	THE TRA	INING FUND	).
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FRINGE BENEFITS			IF THIS INFORMATION	N IS NOT COMPLETED, THE FUI	ND OFFICE	WILL ALLC	CATE THE	: \$.50 DIKI	ECILY IO	THE PIPIN	NG EDUCA	TIONAL CO	JUNCIL.
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IT'L TR FUND	\$0.05		DEFOSIT DATE:		CITY:							ST:	ZIP:
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ARF FUND OTAL	\$0.00 <b>\$15.03</b>		CHECK AMOUNT:		-							L	MORE FORMS —
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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.

PO BOX 159 TROY, MI 48099-0159

PHONE: (248) 641-4988 TOLL FREE: (866) 646-8919

# **EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS**

3RD YEAR APPRENTICE (Consists of 5th and 6th Academic Periods) SEC 104													
М	ONTH:			FROM:		TO: -							
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				COMMERCIAL	WORK.								
			<u>AIR</u> - CONTRIBUT										
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				TOTAL									
OTAL HOURS (A)			x \$15.08	\$			MAK					RS LOCAL 98	
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				REPORT \$									
<b>PECIAL NOTE</b> : FAILURE TO FIL HE LIQUIDATED DAMAGES CHA					JIDATED DA	AMAGES C	HARGE W	HICH WILL	BE ADDE	D TO THE	REMITTAI	NCE AMOUNT.	
			EMPLOYERS NOT PAYING	THE \$.50 TO THE PIPING E	DUCATION	IAL COUN	CIL FUND N	MUST ALL	OCATE TH	IE \$.50 TO	THE TRAI	NING FUND.	
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FRINGE BENEFITS			IF THIS INFORMATION IS I	NOT COMPLETED, THE FUR	ND OFFICE	WILL ALLC	CATE THE	: \$.50 DIRE	ECILY IO	THE PIPIN	G EDUCA	HONAL COUNCIL.	
B PENSION FUND	\$6.50												
NSURANCE FUND	\$5.95		ADMINISTRAT	IVE USE ONLY	1								
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RAINING FUND	\$0.43		DEPOSIT DATE:		ADDRES	ə: <u>—</u>							
NT'L TR FUND	\$0.05		DEFOSIT DATE.		CITY:							ST: 7IP·	
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OTAL	\$15.08		ENTERED BY: -		SIGNATU	IDE:						DATE:	
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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

PO BOX 159 TROY, MI 48099-0159

PHONE: (248) 641-4988 TOLL FREE: (866) 646-8919

# EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

4TH YEAR APPRENTICE (Consists of 7th and 8th Academic Periods) SEC 105													
M	ONTH:			FROM:		TO:							
LIGHT COMME	RCIAL	- CONTRIB	UTIONS TO FF	RINGE BENEFIT FUI	NDS SH	ALL BE		FOR A	LL HC	URS V	VORKI	ED ON	LIGHT
DECIDENTIAL OF		AND DED	AID CONTDID	COMMERCIAL			IDC CI		E DAI	5 FOD	<b>T</b>	IDOT 44	A LIQUIDO
				BUTIONS TO FRINGE PERFORMED AT TH									
				ED ON HOURS WO									
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OTAL HOURS (A)				\$			IVIAN		IL TO: P	LUMBER	S LOCA		.L 90
VAGE REDUCTION (B)			HOURS	TOTAL (C ) \$				BOX 675					
			TOTAL T	THIS REPORT \$	I								
PECIAL NOTE: FAILURE TO FILE HE LIQUIDATED DAMAGES CHA					UIDATED D	AMAGES C	HARGE W	HICH WIL	BE ADDE	D TO THE	REMITTA	NCE AMOL	JNT.
				AYING THE \$.50 TO THE PIPING RE IF APPLICABLE:		NAL COUN		MUST ALL	OCATE TH	IE \$.50 TO	THE TRAI	NING FUND	Э.
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DB PENSION FUND	\$6.50	İ											
NSURANCE FUND	\$6.00	İ											
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VORKING DUES FUND SENERAL DUES FUND	\$0.82 \$0.15	ı	DATE RECEIVED:		4								
RAINING FUND	\$0.15	İ	DEPOSIT DATE:		ADDRES	is:							
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OC PENSION FUND ARF FUND	\$0.50 \$0.00	İ			TELEPH	ONE:							CHECK FOR
OTAL	\$15.13	İ	CHECK AMOUNT:		-							נו	MORE FORMS —
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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.

ALTERNATE FORM MUST BE APPROVED BY THE JAC

PO BOX 159 TROY, MI 48099-0159

PHONE: (248) 641-4988 TOLL FREE: (866) 646-8919

EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS	
5TH YEAR APPRENTICE (Consists of 9th and 10th Academic Periods)	SEC 106
MONTH: FROM: TO:	_
<u>LIGHT COMMERCIAL</u> - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR <u>ALL</u> HOURS WORKED COMMERCIAL WORK. <u>RESIDENTIAL, SERVICE AND REPAIR</u> - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR THE FIRST WORKED EACH WEEK WHETHER SUCH WORK IS PERFORMED AT THE STRAIGHT TIME OR OVERTIME RATE. NO FR CONTRIBUTIONS ARE OWED ON HOURS WORKED IN EXCESS OF 40 IN ANY WEEK.	ST 40 HOURS
THIS REPORT WITH PAYMENT MUST BE <b>RECEIVED</b> BY THE PLUMBERS LOCAL 98 TRUST FUNDS NO LATER THAN THE <b>15th OF THE MONTH</b> FOLLOWING THE N HOURS WERE WORKED. REMITTANCE IS BASED ON THE TYPE OF WORK AS EXPLAINED IN THE LANGUAGE ABOVE.	IONTH IN WHICH THE

									Total Hours	Total	WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK				
SOCIAL SECURITY NUME	BER		EMPLOY	EE NAME		Straight Time	Over Time	Double Time	Worked (A)	Hours Reporte d	Straight Time (B)	Rate	AMOUNT (C)		
					TOTAL										
TOTAL HOURS (A)			x \$15.78		\$		MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98								
WAGE REDUCTION (B)			HOURS		C)\$		MAIL TO: PLUMBERS LOCAL 98 PO BOX 675434 DETROIT, MI 48267-5434								
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SPECIAL NOTE: FAILURE TO FILE THE LIQUIDATED DAMAGES CHARG	HIS REP E IS 10 °	ORT ON TIME OR % OF THE REMIT	CALCULATED IN TANCE AMOUNT E	CORRECTLY WILL BUT NOT LESS TH	L RESULT IN A LIQU IAN \$15.00.	JIDATED DA	AMAGES CI	HARGE WI	HICH WILL	BE ADDE	D TO THE	REMITTAI	NCE AMOUNT.		
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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.

PO BOX 159 TROY, MI 48099-0159

#### PHONE: (248) 641-4988 TOLL FREE: (866) 646-8919 **EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS JOURNEYPERSON 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. WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK Total Straight Double Hours Total Hours Straight SOCIAL SECURITY NUMBER **EMPLOYEE NAME** Over Time Time (B) AMOUNT (C) Time Time Worked (A) Reported Rate **TOTAL** x \$36.56 MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98 TOTAL HOURS (A) **MAIL TO: PLUMBERS LOCAL 98** PO BOX 675434 TOTAL (C) \$ \_ WAGE REDUCTION (B) HOURS **DETROIT, MI 48267-5434** TOTAL THIS REPORT \$ 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 \$.52 TO THE PIPING EDUCATIONAL COUNCIL FUND MUST ALLOCATE THE \$.52 TO THE TRAINING FUND. DB PENSION FUND \$18.90 TRAINING FUND PLEASE CHECK HERE IF APPLICABLE: THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THE \$.52 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 ADMINISTRATIVE USE ONLY SUB FUND \$0.69 EMPLOYER: SUB FUND-INDIVIDUAL \$0.10 DATE RECEIVED: TRAINING FUND \$1.52 ADDRESS: INT'L TR FUND \$0.10 DEPOSIT DATE: PIP EDU COUNCIL FUND \$0.60 CITY: ZIP: IARF FUND \$0.90 CHECK NUMBER: TOTAL \$36.56 TELEPHONE: CHECK FOR MORE FORMS CHECK AMOUNT: -SIGNATURE: DATE: 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

PO BOX 159 TROY, MI 48099-0159

PHONE: (248) 641-4988 TOLL FREE: (866) 646-8919

EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS											
SUMMER WORKER SEC 125											
MONTH:		FROM	И:		то: .						
LIGHT COMMERCIAL	- CONTRIE	BUTIONS TO FRINGE B			LL B	E PAID FOR <u>A</u>	LL HOURS	WORKED ON	LIGHT		
DECIDENTIAL CEDVICE	AND DED		MMERCIAL	_	T ELIK	IDC CHALL B	E DAID EOD	THE FIRST 4	A HOUBS		
RESIDENTIAL, SERVICE WORKED EACH WEEK W											
		TIONS ARE OWED ON I							L DLIVE!!!		
THIS REPORT WITH PAYMENT MUS	F DE <b>DECEIVE</b>	D BY THE BILIMPERS LOCAL (	O TOLICT ELINDS	S NO LATE	D TUAN	THE 15th OF THE	MONTH FOLLO	NAMES THE MONT			
		DRKED. REMITTANCE IS BASEI							H IN WHICH THE		
				I		1		1			
				STRAIG	GHT		DOUBLE	TOTAL HOURS	TOTAL HOURS		
SOCIAL SECURITY NUMBER		EMPLOYEE NAME		TIM		OVER TIME	TIME	WORKED (A)	REPORTED		
			TOTAL								
			IOTAL	<u> </u>							
							PAYABLE TO:	PLUMBERS LOCA	L 98		
OTAL HOURS (A)		x \$3.05	\$				PO BOX 67	5434			
							DETROIT, MI 48	267-5434			
PECIAL NOTE: FAILURE TO FILE THIS REF	PORT ON TIME O	R CALCULATED INCORRECTLY WIL	L RESULT IN A LIQU	JIDATED DAN	AGES C	HARGE WHICH WILL	BE ADDED TO THE	REMITTANCE AMOU	NT.		
HE LIQUIDATED DAMAGES CHARGE IS 10	% OF THE REMIT										
FRINGE BENEFITS		EMPLOYERS NOT PAYING THE \$.: PLEASE CHECK HERE IF APPLICA					CATE THE \$.35 TO	THE TRAINING FUND	).		
VORKING DUES FUND	\$1.30	IF THIS INFORMATION IS NOT CO	MPLETED, THE FU	ND OFFICE W	ILL ALLC	OCATE THE \$.35 DIRE	CTLY TO THE PIPI	NG EDUCATIONAL CO	OUNCIL.		
NT'L TR FUND	\$0.05										
PIP EDU COUNCIL FUND	\$0.60										
RAINING FUND ARF FUND	\$0.20 \$0.90	ADMINISTRATIVE US	E ONLY								
OTAL	\$3.05			EMPLOYE	R:						
		DATE RECEIVED:		ADDRESS	:						
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	•		THE PROPERTY OF THE PROPERTY O			TED DI IIIE 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 ACREES 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.

**PO BOX 159** TROY, MI 48099-0159

#### PHONE: (248) 641-4988 TOLL FREE: (866) 646-8919 **EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS METAL TRADES PLUMBER SEC 130** FROM: MONTH: 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. WAGE REDUCTION REMITTANCE IS BASED ON STRAIGHT TIME HOURS NOT TO EXCEED 40 HOURS PER WEEK. WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK TOTAL HOURS TOTAL STRAIGHT DOUBLE WORKED STRAIGHT HOURS SOCIAL SECURITY NUMBER **EMPLOYEE NAME** TIME (B) AMOUNT (C) OVER TIME (A) REPORTE RATE **TOTAL** MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98 TOTAL HOURS (A) x \$11.66 MAIL TO: PLUMBERS LOCAL 98 WAGE REDUCTION (B) HOURS TOTAL (C) \$ PO BOX 675434 **DETROIT, MI 48267-5434** \*TOTAL THIS REPORT \$ 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 FRINGE BENEFITS EMPLOYERS NOT PAYING THE \$.35 TO THE PIPING EDUCATIONAL COUNCIL FUND MUST ALLOCATE THE \$.35 TO THE TRAINING FUND. TRAINING FUND INSURANCE FUND \$6.72 PLEASE CHECK HERE IF APPLICABLE: F THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THE \$.35 DIRECTLY TO THE PIPING EDUCATIONAL COUNCIL. WORK DUES FUND \$1.02

GENERAL DUES \$0.10 DEF CONTRIB\* \$1.75 TRAINING FUND \$0.69 INT'L TR FUND \$0.05 PIP EDU COUNCIL FUND \$0.43 IARE FUND \$0.90 TOTAL

DURING THE INITIAL PROBATIONARY PERIOD OF 90 DAYS, DEFINED CONTRIBUTION (DC) IS NOT PAID. AFTER PROBATIONARY PERIOD ENDS,

CONTRIBUTIONS TO THE DC REGIN

DATE RECEIVED: ADDRESS: DEPOSIT DATE: CITY: 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.

EMPLOYER:

ADMINISTRATIVE USE ONLY

EFF Date: 6/2/25

PO BOX 159 TROY, MI 48099-0159

PHONE: (248) 641-4988 TOLL FREE: (866) 646-8919

### **EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS**

### SERVICE, RESIDENTAL AND LIGHT COMMERICAL (SRC) WORK

MONTH: \_\_\_\_\_ FROM: \_\_\_\_\_ TO:

SEC 165

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

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.

	•											
					TOTAL HOURS	TOTAL	\$	TRAIGHT TIM	REDUCTION PLAN TIME NOT TO EXCEED OURS PER WEEK			
SOCIAL SECURITY NUMBER	EMPLOYEE NAME	STRAIGHT TIME	OVER TIME	DOUBLE TIME	WORKED (A)	HOURS REPORTED	STRAIGHT TIME (B)	RATE	AMOUNT (C)			
					(7.9		,	10112	yamooni (o)			
	TOTAL											
TOTAL HOURS (A)	\$28.73	I.		MAKE	CHECK P	AYABLE	TO: PLU	MBERS	LOCAL 98			
.,		MAIL TO: PLUMBERS LOCAL 98										
WAGE REDUCTION (B) ——	HOURS TOTAL (C ) \$				DE	PO BO TROIT, N	X 675434 /II 48267					
	TOTAL THIS REPORT \$											
SPECIAL NOTE: FAILURE TO FILE THIS REPORTED THE LIQUIDATED DAMAGES CHARGE IS 10.0	ORT ON TIME OR CALCULATED INCORRECTLY WILL RESUL % OF THE REMITTANCE AMOUNT BUT NOT LESS THAN \$15	T IN A LIQUIDA .00.	ATED DAMAGE	S CHARGE W	HICH WILL BE	ADDED TO TH	HE REMITTAN	CE AMOUNT.				
FRINGE BENEFITS	EMPLOYERS NOT PAYING THE \$.52 TO TH	E DIDING EDIT	CATIONAL COL	INCII ELINDA	ILIET ALLOCA	TE TUE <b>¢ 53</b> T	THE TRAININ	IC FUND				
DB PENSION FUND \$15.20			RAINING FL		IOST ALLOCA	11 11111 <u>9.32</u> 10	TIL IIVAINII	NG I UND.				
DC PENSION FUND \$0.75	IE TUIC INFORMATION IC NOT COMPLETED				\$.52 DIRECTL	Y TO THE PIPI	NG EDUCATIO	NAL COUNCI	L.			
INSURANCE FUND \$8.21												
· ·												
WORKING DUES FUND \$1.53												
GENARAL DUES FUND \$0.35		EMPLOYER	₹:									
SUB FUND \$0.15	DATE RECEIVED.	ļ										
TRAINING FUND \$0.99		ADDRESS:										
INT'L TR FUND \$0.05	DEFOSIT DATE:											
PIP EDU COUNCIL FUND \$0.60 IARF FUND \$0.90		CITY: _							ST:ZIP:			
IARF FUND         \$0.90           TOTAL         \$28.73	CHECK NUMBER:	TELEPHON	ıF:						CHECK FOR			
	CHECK AMOUNT:		. <del>-</del>						MORE FORMS			
	ENTERED BY:		_									
		SIGNATUR		HOT DE ACCE	OVED DV T	- 140			DATE:			
	SUBMISSIONS OF CONTRIBUTIONS	ON AN ALTER	NATE FORM M	US I BE APPR	OVED BY TH	E 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 ACREES 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:

**PO BOX 159** TROY, MI 48099-0159

#### PHONE: (248) 641-4988 TOLL FREE: (866) 646-8919 **EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS APPLICANT 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. WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED Total Total 40 HOURS PER WEEK Hours Hours Straight Double Worke Reporte Straight **SOCIAL SECURITY NUMBER EMPLOYEE NAME** AMOUNT (C) Time Time (A) Time (B) Rate TOTAL \_\_\_\_\_ X \$11.23 TOTAL HOURS (A) MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98 MAIL TO: PLUMBERS LOCAL 98 TOTAL (C) \$ \_\_ WAGE REDUCTION (B) \_ HOURS PO BOX 675434 **DETROIT. MI 48267-5434 TOTAL THIS REPORT \$** 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** ADMINISTRATIVE USE ONLY INSURANCE FUND EMPLOYER: WORKING DUES FUND \$1.02 DATE RECEIVED: PIP EDU COUNCIL FUND \$0.58 ADDRESS: TRAINING FUND \$0.58 IARF FUND \$0.90 DEPOSIT DATE: TOTAL \$11.23 ZIP: CHECK NUMBER: TELEPHONE: \_ CHECK FOR MORE FORMS CHECK AMOUNT: ENTERED BY:

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.

SIGNATURE:

DATE:

# PLUMBERS LOCAL 98 PO BOX 159 TROY. MI 48099-0159

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 **SEC 170** From: Month: 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. **EMPLOYEE'S NAME** SOCIAL SECURITY NUMBER **END OF LAST PAY PERIOD TOTAL HOURS WORKED FRINGE BENEFITS OPTIONAL INSURANCE \*\*\* DEFINED CONTRIBUTION** MANDATORY WAGE REDUCTION PLAN Working Principal can elect single or family coverage DB PENSION FUND \$18.90 PLEASE REFER TO CURRENT WAGE under the Full, Standard, or Basic plans as listed on DEFERRAL LIMITS IMPOSED BY THE IRS
WHICH ARE SUBJECT TO CHANGE ON AN PLEASE REFER TO CURRENT WAGE DEFERRAL LIMITS IMPOSED BY THE IRS WHICH ARE SUBJECT TO CHANGE ON AN ANNUAL BASIS AS TRAINING FUND \$1.44 back side of form ANNUAL BASIS AS LISTED ON BACK SIDE OF WORKING DUES FUND \$0.65 LISTED ON BACK SIDE OF FORM 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 NAL INFORMATION REGARDING OPTIONAL CONTRIBUTIONS \*\*\*\*\* TOTAL HOURS = \$ \_\_\_\_\_ MAKE CHECK PAYABLE TO: WAGE REDUCTION OPTION AMT LOCAL 98 D/C PENSION FUND OPTION AMOUNT PO BOX 675434 **DETROIT, MI 48267-5434** 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: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP:\_\_\_ CHECK NUMBER: CHECK BOX FOR MORE FORMS TELEPHONE: CHECK AMOUNT: CHECK BOX IF FINAL REPORT ENTERED BY: SIGNATURE: -

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/

### **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 / \$955FAMILY

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 \*\*\*\*\*