# CEMENT AND CONCRETE WORKERS DISTRICT COUNCIL
# FRINGE BENEFIT FUNDS

DATE RECEIVED BY
CEMENT & CONCRETE WORKERS

35-30 Francis Lewis Boulevard • Flushing, N.Y. 11358
Phone: (718) 762-6133 • Fax: (718) 762-5144

## EMPLOYER'S REMITTANCE AGREEMENT AND REPORT
## Independent Contractors

**A**

**NEW RATES AS OF JULY 1, 2011**

1. Welfare ..... $8.41
   Pension Fund ..... $10.76
   Industry Advancement Program ..... $0.32
   NYSLECET ..... $0.10
   LNHSF ..... $0.05
   Training & Apprenticeship ..... $0.79
   Scholarship ..... $0.06
   Admin. Fee ..... $0.50
   Labor Management Fund.....$0.40
2. Total Hours Worked_____ x $21.39

**B**

**NEW RATES AS OF JULY 1, 2011 ANNUITY**

1. Total Straight Time Hours (Mon. - Fri.)_____ x 5.50 = _____
2. Total Time & Half Hrs. (Saturday) _____ x 8.25 = _____
3. Total Double Time Hrs. (Sun. & Holidays_____ x 11.00 = _____
4. Amount Due $ _____

**C**

**NEW RATES AS OF JULY 1, 2011**

1. NYSLPAC ..... 0.05
2. Dues Checkoff .....2.00
3. Organizer & NYSLOF..... 0.85
4. Total Hours Worked ..... x 2.90
5. Amount Due $ _____

**MAKE ONE CHECK PAYABLE TO CEMENT & CONCRETE FRINGE BENEFIT FUNDS**

**Amount Due - Part A** $ _____
**Amount Due - Part B** $ _____
**Amount Due - Part C** $ _____
**TOTAL DUE** $ _____

ALL INFORMATION BELOW MUST BE FULLY PROVIDED WITH EACH REPORT - Print or Type

EMPLOYER'S NAME _____ TEL. _____

EMPLOYER'S ADDRESS _____ FAX _____

JOB LOCATION (1) _____ (2) _____

*(IF MORE THAN ONE LOCATION, LIST ALL LOCATIONS)* (3) _____ (4) _____

NAME AND ADDRESS OF GENERAL CONTRACTOR _____

Report for week ending _____ Employer Federal ID Number _____

The Undersigned Employer hereby certifies that the information contained in this report and the attached schedule is true and correct, that the hours reported represent all hours worked by any cement and concrete worker in the employ of the named Employer for the period specified.

The undersigned Employer hereby adopts and makes a part hereof the terms and conditions and the agreements printed on the reverse side hereof with the same force and effect as if fully set forth herein. The person signing this report on behalf of the Employer hereby consents and agrees to be personally bound by and to assume all of the terms and conditions, rights, liabilities and responsibilities of an employer in accordance with the provisions of the Collective Bargaining Agreement currently in force with the District Council of Cement and concrete Workers comprised of Locals Nos. 6-A, 18-A and 20, with the same force and effect as if fully set forth herein, and warrants and represents that he has authority to bind the Employer and the principals or members thereof. The Employer agrees to make all contributions in accordance therewith in the amount set forth on this report for each hour of employment performed within the trade and geographical jurisdiction of the District Council.

SIGNATURE OF CORPORATE OFFICER OR PARTNER _____ DATE _____

Print Name of Signer: _____ Title _____

| SOCIAL SECURITY NUMBER | NAME | STRAIGHT HOURS | TIME & HALF HOURS | DOUBLE HOURS | TOTAL HOURS |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FOR ADDITIONAL FORMS GO TO WWW.CCWBF.ORG