Northeast District Council of the OPCMIA Fringe Benefit Funds -1406 Blondell Ave., 2nd Fl., Bronx, NY 10461 Phone: (516)775-2280 Fax: (516)775-4064

Remittance Report for Cement Masons Local 780 -Independent Contractors, Effective July 1, 2022:

	1	u 1	ce Report for	Cemen			-
Ctroight (A)			Overtime (D)			Double Time	
Straight (A)		l	Overtime(B)			(C)	
	ST			ОТ			DT
Welfare	\$11.66		Welfare	\$23.32		Welfare	\$23.32
Pension	\$9.25		Pension	\$18.50		Pension	\$18.50
Apprenticeship	\$1.10		Apprenticeship	\$1.65		Apprenticeship	\$2.20
I.A.P.	\$0.32		I.A.P.	\$0.48		I.A.P.	\$0.64
Check Off	\$3.13		Check Off	\$4.70		Check Off	\$6.26
Int. Check Off	\$0.88		Int. Check Off	\$1.32		Int. Check Off	\$1.76
Vacation	\$7.00		Vacation	\$10.50		Vacation	\$14.00
Annuity	\$12.00		Annuity	\$18.00		Annuity	\$24.00
LMT	\$0.15		LMT	\$0.23		LMT	\$0.30
OrganizingFund	\$0.65		OrganizingFund	\$0.98		OrganizingFund	\$1.30
PAC	\$0.05		PAC	\$0.08		PAC	\$0.10
Education Fund	\$0.05		Education Fund	\$0.08		Education Fund	\$0.10
Admin. Fee	\$0.60		Admin. Fee	\$0.90		Admin. Fee	\$1.20
Total	\$46.84		Total	\$80.74		Total	\$93.68
Total Hours:			Total Hours:			Total Hours:	
Amount Due:		Amount Due:		Amount Due			
(A) \$		(B) \$			(C) \$		
Total Due=			Make one check payable to				
A+B+C			NEDC of the OPCMIA Fringe Benefit Funds				

The Employer hereby acknowledges and agrees that it is bound by all the terms of the currently effective Collective Bargaining Agreement between the Cement Masons' Local 780 and the Cement League, including, without limitation, Article VI of the CBA addressing contributions to be made to the NEDC of the OPCMIA Fringe Benefit Funds (the "Funds"). A copy of Article VI of the CBA is reproduced on the reverse side of this remittance form. Furthermore, the Employer hereby acknowledges and agrees that it is bound by the Agreements and Declarations of Trust (the "Trusts") establishing the Funds, which are incorporated by reference in the CBA. If the Employer wishes to receive a copy of the CBA or the Trusts, please contact the Funds' office at the address and phone number listed above.

EMPLOYER FEDERAL ID#____

All INFORMATION BELOW MUST BE FULLY PROVIDED WITH EACH REPORT
EMPLOYERS NAME: _____ EMPLOYERS ADDRESS: ______

JOB LOCATION_____

WEEK ENDING

Social Security #	Last Name	First Name	Straight	Overtime	Double time
			Hours	Hours	Hours
	Total Hours				
	x Rate		\$46.84	\$80.74	\$93.68
	Amount due:				

Payments covering contributions to the Cement Masons' Local 780 Pension Fund, Cement League Advancement, IAP Funds, Dues, Organizing Fund, International Dues, Education Fund, NEDC of the OPCMIA Welfare Fund, Vacation Fund, Annuity Fund, Apprenticeship Fund, and LMC Fund shall be made weekly. A single check covering the combined contributions to the above mentioned Funds shall be made payable to NEDC of the OPCMIA Fringe Benefit Funds. This check shall be given to the shop steward or Cement Mason on the job on the employers regular pay day, who shall in turn verify the correctness of the amounts and the number of employees covered. Where an employee is laid off and receives his wages other than on the employers regular pay day, said employee shall be given a check to cover the contributions due the aforesaid funds.

The above Statements are warranted to be true and cor	ect
Signature of Corporate Officer	Print Name
By signing this form, you expressly acknowledge that you	re an authorized representative of the Employer and have the authority to legally
bind the Employer, **THIS FORM MUST BE SIGNED AND	OMPLETED OR THE FUND OFFICE WILL NOT ACCEPT THE BENEFITS**