Engineers Joint Benefit Fund – I.U.O.E. Local 463

3365 Ridge Road ~ Ransomville, New York 14131

Local 463 – HEAVY HIGHWAY

Effective July 1, 2010 through June 30, 2011

Office Use Only
Employer # _____
Local _____
Job # _____
Con Type _____
Rate Type _____
Date Rec'd _____
Report # _____
Ck. Amt. _____

Contractor Name _____

Address _____

City, State, Zip _____

Phone: _____ Fax: _____

Job Location: _____ Job #: _____

Period Worked: _____ through _____

NOTE: To compute Column 9, add Columns 4 - 7.
To compute Column 8, add Columns 4 - 7, plus all holiday and rain-time hours.

[1] NAME OF EMPLOYEE	[2] SOCIAL SECURITY NUMBER	[3] GROSS WAGES	[4] S/T HRS	[5] O/T HRS	[6] D/T HRS	[7] T/T HRS	[8] HOURS PAID	[9] TOTAL HOURS
	TOTALS:							

EMPLOYER CONTRIBUTIONS A through E:

A. Pension Fund contributions	Total hours Column 9	x $ 6.90	$ _____
B. Welfare Fund contributions	Total hours Column 9	x $ 7.60	$ _____
C. Local 463 Joint Training Fund	Total hours Column 9	x $ .60	$ _____
D. Central Pension Fund	Total hours Column 9	x $ 4.10	$ _____
E. Health Reimbursement Account Plan (H.R.A.)	Total hours Column 9	x $ 3.00	$ _____

*** EMPLOYEE DEDUCTIONS F through K:**

F. Local 463, W.D.O.E. Fund	Gross wages - Column 3	x 6.75 %	$ _____
G. Additional Deduction	O/T Hours - Column 5	x $11.10	$ _____
H. Additional Deduction	D/T Hours - Column 6	x $22.20	$ _____
I. Additional Deduction	T/T Hours - Column 7	x $44.40	$ _____
J. Local 463 Defense Fund	Hours Paid - Column 8	x $ .30	$ _____
K. Local 463, P.E.F. Fund	Hours Paid - Column 8	x $ .10	$ _____

TOTAL ITEMS A-B-C-D-E-F-G-H-I-J-K: $

* **F.** Local 463, WDOE, 6.75% of gross pay - multiply by column [3].

G-I. Additional Deduction at $11.10 per hour on all time and ½ hours; $22.20 per hour for all Double Time hours; $44.40 for all Triple Time hours. This deduction occurs as a result of Employer Contributions under A through E above becoming wages on premium hours only.

J. Local 463 Defense Fund at $.30 per hour paid.

K. Local 463, PEF at $.10 per hour paid. Add columns 4 - 7 plus all holiday and rain-time hours.

The Employer hereby identifies, and by submitting this report certifies it has identified, any bargaining unit individual who is exercising rights under the Family and Medical Leave Act and/or is leaving or has left employment to enter the military service.

Remit this original form and two (2) copies, and check payable to:

Engineers Joint Benefit Funds
101 Intrepid Lane - Syracuse, New York 13205

Signed: _____ Title: _____

NOTE: EMPLOYER CONTRIBUTIONS AND EMPLOYEE DEDUCTIONS MUST BE RECEIVED AT THE FUND OFFICE ON OR BEFORE THE 15TH OF THE MONTH FOLLOWING THE MONTH IN WHICH THE HOURS WERE WORKED. REPORTS RECEIVED AFTER THAT DATE WILL BE CONSIDERED DELINQUENT AND ARE SUBJECT TO LATE CHARGES. IN THE EVENT THERE ARE NO EMPLOYEES, A REPORT MUST BE FILED SO INDICATING.

By submitting this remittance report and/or contributions to the Funds, the Employer agrees that it is bound to a collective bargaining agreement with the International Union of Operating Engineers Local Union No. 17, 106, 463, 545, and/or 832 and the Agreements and Declarations of Trust of the Engineers Joint Welfare, Pension, Supplemental Unemployment Benefit and Training Funds, the Agreement and Declaration of Trust of the Central Pension Fund of the International Union of Operating Engineers and Participating Employers, and any restatements or amendments thereof and any policies adopted there-under.
By submitting this report, the Employer certifies that it does not include any owners, partners, sole proprietors, or independent contractors.

If more forms are needed, please contact the I.U.O.E. Local 463 Office at (716) 434-3327.