

ENGINEERS JOINT BENEFIT FUNDS
of the
INTERNATIONAL UNION OF OPERATING ENGINEERS
101 Intrepid Lane -- P.O. Box 100 – Colvin Station
Syracuse, New York 13205-0100
Phone (315) 492-1796 * FAX (315) 492-6618

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

Local Union **463 - D** * **TECHNICAL ENGINEERS AGREEMENT**

Contractor Name _____

Address _____

City, State, Zip _____

Phone: _____ FAX: _____

Project Locations / Counties: _____

Period Worked: _____ through _____

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.

NAME OF EMPLOYEE	SOCIAL SECURITY NUMBER	GROSS WAGES	STRAIGHT TIME HOURS	OVERTIME HOURS	TOTAL HOURS
TOTALS:					

Effective 06/01/2010 - 05/31/2011

Employer Contributions:

Pension Fund @ \$5.55 per hour \$ _____
Welfare Fund @ \$7.60 per hour \$ _____
Training Fund @ \$.75 per hour \$ _____
Central Pension Fund @ \$4.10 per hour \$ _____
Health Reimbursement Account Fund @ \$1.25 per hour \$ _____

Employee Deductions:

Dues deduction @ 4.0% gross wages \$ _____
VPAF deduction @ \$.10 per hour \$ _____

TOTAL TO BE REMITTED TO ENGINEERS JOINT BENEFIT FUNDS: \$ _____

Signature: _____

Title: _____

If more forms are needed, check here: _____

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.

Mail this form with TWO copies, and a check(s) payable to the Engineers Joint Benefit Funds. (No cash accepted)

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.