

UPSTATE NEW YORK ENGINEERS 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, 158, and or 463, and the Agreements and Declarations of Trust of the Upstate New York Engineers Health, 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 |
|------------------|------------------------|-------------|---------------------|----------------|-------------|
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| TOTALS: | | | | | |

Effective 07/01/2018– 06/30/2019

Employer Contributions:

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|-----------------------------------|-------------------|----------|
| UNY Engineers Pension Fund | @ \$7.30 per hour | \$ _____ |
| UNY Engineers Pension Supp. Fund | @ \$1.00 per hour | \$ _____ |
| Health Fund | @ \$7.60 per hour | \$ _____ |
| Training Fund | @ \$.75 per hour | \$ _____ |
| Central Pension Fund | @ \$6.05 per hour | \$ _____ |
| Health Reimbursement Account Fund | @ \$2.20 per hour | \$ _____ |
| CRIST | @ \$.05 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 Upstate New York Engineers 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.

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| Report # | _____ |
| Ck. Amt. | _____ |

Local Union 463 - D * TECHNICAL ENGINEERS – Apprentice 1st

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, 158 and/or 463 and the Agreements and Declarations of Trust of the Upstate New York Engineers 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 thereunder.

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| NAME OF EMPLOYEE | SOCIAL SECURITY NUMBER | GROSS WAGES | STRAIGHT TIME HOURS | OVERTIME HOURS | TOTAL HOURS |
|------------------|------------------------|-------------|---------------------|----------------|-------------|
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Effective 07/01/2018 - 06/30/2019

Employer Contributions:

- UNY Engineers Pension Fund @ \$7.30 per hour \$ _____
- UNY Engineers Sup. Pension Fund @ \$1.00 per hour \$ _____
- Welfare Fund @ \$7.60 per hour \$ _____
- Training Fund @ \$.75 per hour \$ _____
- Central Pension Fund @ \$6.05 per hour \$ _____
- Health Reimbursement Account Fund @ \$2.20 per hour \$ _____
- CRIST @ \$.05 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: _____