

ALL CONTRIBUTIONS ARE DUE BY THE 15TH OF THE MONTH FOLLOWING THE MONTH WORKED

**OPCMIA LOCAL #514**  
**Journeyman**  
**CEMENT MASONS' FRINGE BENEFIT FUNDS**  
**DETROIT and VICINITY**

FORM FIRST SHIFT JOURNEYMAN  
 REV. 06/21  
 EMPLOYERS MONTHLY  
 FRINGE BENEFIT REPORT

NAME	CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS FORM FIRST SHIFT JOURNEYMAN <input type="checkbox"/>
ADDRESS	TELEPHONE	Report All Weekly Payroll Periods Ending In The above Month	NUMBER OF PAGES IN THIS REPORT <input type="checkbox"/>
CITY AND STATE	ZIP		
REPORT DATE			

PLEASE INDICATE THE COLLECTIVE BARGAINING AGREEMENT UNDER WHICH THE WORK WAS PERFORMED BY **PLACING A MARK BEFORE THE APPROPRIATE SECTION**. THEN INSERT THE FRINGE BENEFIT CONTRIBUTION RATES FROM THAT SECTION IN THE SPACES PROVIDED AT THE BOTTOM OF THIS FORM.

Check Section	Section	COMMERCIAL AGREEMENTS	Effective Dates	Health & Welfare	Vacation	Pension	Annuity	International Pension	Int'l Appr Trng Fund	Appr.	Working Dues	Industry Advmt.	M.U.S.T
	<b>A</b>	AGC Contractors - Associated General Contractors of Michigan	<b>Jun-21</b>	<b>\$7.08</b> HOURS WORKED	<b>\$4.55</b> HOURS PAID	<b>\$8.77</b> HOURS PAID	<b>\$2.12</b> HOURS WORKED	<b>\$0.99</b> HOURS WORKED	<b>\$0.07</b> HOURS WORKED	<b>\$0.45</b> HOURS WORKED	<b>\$1.44</b> HOURS WORKED	<b>\$0.15</b> HOURS WORKED	<b>\$0.05</b> HOURS WORKED
	<b>A1</b>	CAM Contractors - Construction Association of Michigan	<b>Jun-21</b>	<b>\$7.08</b> HOURS WORKED	<b>\$4.55</b> HOURS PAID	<b>\$8.77</b> HOURS PAID	<b>\$2.12</b> HOURS WORKED	<b>\$0.99</b> HOURS WORKED	<b>\$0.07</b> HOURS WORKED	<b>\$0.45</b> HOURS WORKED	<b>\$1.44</b> HOURS WORKED	<b>\$0.15</b> HOURS WORKED	<b>\$0.05</b> HOURS WORKED
	<b>B</b>	ACCM Contractors - Associated Concrete Contractors of Michigan	<b>Jun-21</b>	<b>\$7.08</b> HOURS WORKED	<b>\$4.55</b> HOURS PAID	<b>\$8.77</b> HOURS PAID	<b>\$2.12</b> HOURS WORKED	<b>\$0.99</b> HOURS WORKED	<b>\$0.07</b> HOURS WORKED	<b>\$0.45</b> HOURS WORKED	<b>\$1.44</b> HOURS WORKED	<b>\$0.15</b> HOURS WORKED	<b>\$0.05</b> HOURS WORKED

TOTAL HOURS WORKED FROM COLUMN A:		TOTAL HOURS PAID FROM COLUMN B:	
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FRINGE BENEFIT FUND	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIPLY BY	TOTAL	ADJUSTMENTS	AMOUNT DUE
HEALTH and WELFARE	<b>\$7.08</b>	HOURS WORKED COLUMN A	\$	\$	\$
VACATION	<b>\$4.55</b>	HOURS PAID COLUMN B			
PENSION	<b>\$8.77</b>	HOURS PAID COLUMN B			
ANNUITY	<b>\$2.12</b>	HOURS WORKED COLUMN A			
INTERNAT'L PENSION	<b>\$0.99</b>	HOURS WORKED COLUMN A			
INT'L APPR TRNG FUND	<b>\$0.07</b>	HOURS WORKED COLUMN A			
APPRENTICESHIP	<b>\$0.45</b>	HOURS WORKED COLUMN A			
WORKING DUES	<b>\$1.44</b>	HOURS WORKED COLUMN A			
INDUSTRY ADVMT.	<b>\$0.15</b>	HOURS WORKED COLUMN A			
M.U.S.T	<b>\$0.05</b>	HOURS WORKED COLUMN A			
<b>TOTAL AMOUNT DUE:</b>					

<p><b>INSTRUCTIONS</b></p> <p>1 Complete two copies of this form. Make check payable to <b>Cement Masons' F.B.F.</b> Keep one copy for your records. Mail one copy with your check to:</p> <p align="center"><b>Chase Bank</b>  <b>Attn: Cement Masons' F.B.F.</b>  <b>Dept. 78015, P.O. Box 78000</b>  <b>Detroit, MI 48278-0015</b></p> <p>2 If payment is not made by 15th of the month, simple interest will be assessed at the rate of 12% per annum.</p> <p>3 Explain adjustments on reverse side and attach variance notice, if applicable.</p>	<p align="center"><b>IMPORTANT</b></p> <p align="center"><b>FEDERAL LAW REQUIRES EACH EMPLOYER TO FURNISH THE FOLLOWING INFORMATION</b></p> <p>If no men were employed during the month please complete:</p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Inactive this month</td> </tr> <tr> <td><input type="checkbox"/></td> <td>No longer working in area</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Final Report - give reason</td> </tr> </table>	<input type="checkbox"/>	Inactive this month	<input type="checkbox"/>	No longer working in area	<input type="checkbox"/>	Final Report - give reason	<p>By filing this form, the undersigned employer confirms that he or it has agreed to make employee fringe benefit contributions, the detailed basis of which is as set out above.</p> <p align="right">_____ SIGNATURE</p>
<input type="checkbox"/>	Inactive this month							
<input type="checkbox"/>	No longer working in area							
<input type="checkbox"/>	Final Report - give reason							

**OPCMIA LOCAL #514 Journeyman  
 CEMENT MASONS' FRINGE BENEFIT FUNDS  
 DETROIT and VICINITY**

**FORM FIRST SHIFT  
 JOURNEYMAN - EMPLOYEE  
 DETAIL REPORT FOR  
 EMPLOYER'S MONTHLY FRINGE  
 BENEFIT REPORT**

OPCMIA LOCAL #514 CONTRACTOR'S NAME		WORK MONTH		
EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	COLUMN A	COLUMN B
			HOURS WORKED	HOURS PAID
LAST	INITIALS			
ENTER TOTAL HOURS WORKED AND HOURS PAID ON FRONT SIDE OF THIS FORM ON LINES PROVIDED		TOTALS:		

ALL CONTRIBUTIONS ARE DUE BY THE 15TH OF THE MONTH FOLLOWING THE MONTH WORKED

**OPCMIA LOCAL #514**  
**Journeyman**  
**CEMENT MASONS' FRINGE BENEFIT FUNDS**  
**DETROIT and VICINITY**

FORM SPECIAL SHIFT JOURNEYMAN  
 REV. 06/21  
**EMPLOYERS MONTHLY**  
**FRINGE BENEFIT REPORT**

NAME		CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS <b>FORM SPECIAL SHIFT JOURNEYMAN</b> <input type="checkbox"/>
ADDRESS		TELEPHONE	Report All Weekly Payroll Periods Ending In The above Month	<b>NUMBER OF PAGES IN THIS REPORT</b> <input type="checkbox"/>
CITY AND STATE	ZIP	REPORT DATE		

PLEASE INDICATE THE COLLECTIVE BARGAINING AGREEMENT UNDER WHICH THE WORK WAS PERFORMED BY **PLACING A MARK BEFORE THE APPROPRIATE SECTION**. THEN INSERT THE FRINGE BENEFIT CONTRIBUTION RATES FROM THAT SECTION IN THE SPACES PROVIDED AT THE BOTTOM OF THIS FORM.

Check Section	Section	COMMERCIAL AGREEMENTS	Effective Dates	Health & Welfare	Vacation	Pension	Annuity	International Pension	Int'l Appr Trng Fund	Appr.	Working Dues	Industry Advmt.	M.U.S.T
	<b>A</b>	AGC Contractors - Associated General Contractors of Michigan	<b>Jun-21</b>	<b>\$7.08</b> HOURS WORKED	<b>\$4.55</b> HOURS PAID	<b>\$8.77</b> HOURS PAID	<b>\$2.12</b> HOURS WORKED	<b>\$99</b> HOURS WORKED	<b>\$07</b> HOURS WORKED	<b>\$45</b> HOURS WORKED	<b>\$1.60</b> HOURS WORKED	<b>\$15</b> HOURS WORKED	<b>\$05</b> HOURS WORKED
	<b>A1</b>	CAM Contractors - Construction Association of Michigan	<b>Jun-21</b>	<b>\$7.08</b> HOURS WORKED	<b>\$4.55</b> HOURS PAID	<b>\$8.77</b> HOURS PAID	<b>\$2.12</b> HOURS WORKED	<b>\$99</b> HOURS WORKED	<b>\$07</b> HOURS WORKED	<b>\$45</b> HOURS WORKED	<b>\$1.60</b> HOURS WORKED	<b>\$15</b> HOURS WORKED	<b>\$05</b> HOURS WORKED
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<b>TOTAL HOURS WORKED FROM COLUMN A:</b>		<b>TOTAL HOURS PAID FROM COLUMN B:</b>	
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FRINGE BENEFIT FUND	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIPLY BY	TOTAL	ADJUSTMENTS	AMOUNT DUE
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**IMPORTANT**

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**If no men were employed during the month please complete:**

Inactive this month  
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 Final Report - give reason

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SIGNATURE

**OPCMIA LOCAL #514 Journeyman  
CEMENT MASONS' FRINGE BENEFIT FUNDS  
DETROIT and VICINITY**

**FORM SPECIAL SHIFT  
JOURNEYMAN - EMPLOYEE  
DETAIL REPORT FOR  
EMPLOYER'S MONTHLY  
FRINGE BENEFIT REPORT**

OPCMIA LOCAL #514 CONTRACTOR'S NAME

WORK MONTH

EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	COLUMN A	COLUMN B
			HOURS WORKED	HOURS PAID
LAST	INITIALS			
ENTER TOTAL HOURS WORKED AND HOURS PAID ON FRONT SIDE OF THIS FORM ON LINES PROVIDED		<b>TOTALS:</b>		

ALL CONTRIBUTIONS ARE DUE BY THE 15TH OF THE MONTH FOLLOWING THE MONTH WORKED

**OPCMIA LOCAL #514  
Foreman  
CEMENT MASONS' FRINGE BENEFIT FUNDS  
DETROIT and VICINITY**

FORM FIRST SHIFT FOREMAN  
REV. 06/21  
EMPLOYERS MONTHLY  
FRINGE BENEFIT REPORT

NAME		CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS <b>FORM FIRST SHIFT FOREMAN</b> <input type="checkbox"/>
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**OPCMIA LOCAL #514 Foreman  
CEMENT MASONS' FRINGE BENEFIT FUNDS  
DETROIT and VICINITY**

**FORM FIRST SHIFT FOREMAN -  
EMPLOYEE DETAIL REPORT  
FOR EMPLOYER'S MONTHLY  
FRINGE BENEFIT REPORT**

OPCMIA LOCAL #514 CONTRACTOR'S NAME

WORK MONTH

EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	COLUMN A	COLUMN B
			HOURS WORKED	HOURS PAID
LAST	INITIALS			
ENTER TOTAL HOURS WORKED AND HOURS PAID ON FRONT SIDE OF THIS FORM ON LINES PROVIDED		TOTALS:		

ALL CONTRIBUTIONS ARE DUE BY THE 15TH OF THE MONTH FOLLOWING THE MONTH WORKED

**OPCMIA LOCAL #514**  
**Foreman**  
**CEMENT MASONS' FRINGE BENEFIT FUNDS**  
**DETROIT and VICINITY**

FORM SPECIAL SHIFT FOREMAN  
 REV. 06/21  
 EMPLOYERS MONTHLY  
 FRINGE BENEFIT REPORT

NAME	CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS <b>FORM SPECIAL SHIFT FOREMAN</b> <input type="checkbox"/>
ADDRESS	TELEPHONE	Report All Weekly Payroll Periods Ending In The above Month	<b>NUMBER OF PAGES IN THIS REPORT</b> <input type="checkbox"/>
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<b>TOTAL HOURS WORKED FROM COLUMN A:</b>		<b>TOTAL HOURS PAID FROM COLUMN B:</b>	
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FRINGE BENEFIT FUND	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIPLY BY	TOTAL	ADJUSTMENTS	AMOUNT DUE
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**OPCMIA LOCAL #514 Foreman  
CEMENT MASONS' FRINGE BENEFIT FUNDS  
DETROIT and VICINITY**

**FORM SPECIAL SHIFT  
FOREMAN - EMPLOYEE DETAIL  
REPORT FOR EMPLOYER'S  
MONTHLY FRINGE BENEFIT  
REPORT**

OPCMIA LOCAL #514 CONTRACTOR'S NAME

WORK MONTH

EMPLOYEE'S NAME

SOCIAL  
SECURITY  
NUMBER

COLUMN A

COLUMN B

HOURS  
WORKED

HOURS  
PAID

LAST

INITIALS

ENTER TOTAL HOURS WORKED AND HOURS PAID  
ON FRONT SIDE OF THIS FORM ON LINES PROVIDED

**TOTALS:**



ALL CONTRIBUTIONS ARE DUE BY THE 15TH OF THE MONTH FOLLOWING THE MONTH WORKED

## OPCMIA LOCAL #514 APPRENTICE CEMENT MASONS' FRINGE BENEFIT FUNDS DETROIT and VICINITY

FORM APPRENTICE  
REV 06/21  
EMPLOYERS MONTHLY  
FRINGE BENEFIT REPORT

NAME	CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS <b>FORM APPRENTICE</b> <input type="checkbox"/>
ADDRESS	TELEPHONE	Report All Weekly Payroll Periods Ending In The above Month	<b>NUMBER OF PAGES IN THIS REPORT</b> <input style="width: 40px; height: 20px;" type="text"/>
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	<b>A</b>	AGC Contractors - Associated General Contractors of Michigan	<b>Jun-21</b>	<b>\$7.08</b> HOURS WORKED	<b>13%</b> BASE PAY	<b>24.6%</b> BASE PAY	<b>\$2.12</b> HOURS WORKED	<b>\$0.99</b> HOURS WORKED	<b>\$0.07</b> HOURS WORKED	<b>4%</b> BASE PAY	<b>\$0.15</b> HOURS WORKED	<b>\$0.05</b> HOURS WORKED
	<b>A1</b>	CAM Contractors - Construction Association of Michigan	<b>Jun-21</b>	<b>\$7.08</b> HOURS WORKED	<b>13%</b> BASE PAY	<b>24.6%</b> BASE PAY	<b>\$2.12</b> HOURS WORKED	<b>\$0.99</b> HOURS WORKED	<b>\$0.07</b> HOURS WORKED	<b>4%</b> BASE PAY	<b>\$0.15</b> HOURS WORKED	<b>\$0.05</b> HOURS WORKED
	<b>B</b>	ACCM Contractors - Associated Concrete Contractors of Michigan	<b>Jun-21</b>	<b>\$7.08</b> HOURS WORKED	<b>13%</b> BASE PAY	<b>24.6%</b> BASE PAY	<b>\$2.12</b> HOURS WORKED	<b>\$0.99</b> HOURS WORKED	<b>\$0.07</b> HOURS WORKED	<b>4%</b> BASE PAY	<b>\$0.15</b> HOURS WORKED	<b>\$0.05</b> HOURS WORKED

<b>TOTAL HOURS WORKED FROM COLUMN A:</b> <input style="width: 100px;" type="text"/>	<b>TOTAL BASE PAY* FROM COLUMN B:</b> <input style="width: 100px;" type="text"/>
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FRINGE BENEFIT FUND	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIPLY BY	TOTAL	ADJUSTMENTS	AMOUNT DUE
HEALTH and WELFARE	<b>\$7.08</b>	HOURS WORKED COLUMN A	\$	\$	\$
VACATION	<b>13.00%</b>	BASE PAY COLUMN B			
PENSION	<b>24.60%</b>	BASE PAY COLUMN B			
ANNUITY	<b>\$2.12</b>	HOURS WORKED COLUMN A			
INTERNAT'L PENSION	<b>\$0.99</b>	HOURS WORKED COLUMN A			
INT'L APPR TRNG FUND	<b>\$0.07</b>	HOURS WORKED COLUMN A			
WORKING DUES	<b>4.00%</b>	BASE PAY COLUMN B			
INDUSTRY ADVMT.	<b>\$0.15</b>	HOURS WORKED COLUMN A			
M.U.S.T.	<b>\$0.05</b>	HOURS WORKED COLUMN A			
<b>TOTAL AMOUNT DUE:</b>					<input style="width: 100px;" type="text"/>

\*Base Pay shall include total Base Wages paid for straight time and overtime only, but shall not include Vacation and Holiday, Insurance, Pension, Annuity, International Pension, Working Dues, Industry Advancement, PPA, International Appr Training Fund or M.U.S.T. contributions.

<p style="text-align: center;"><b>INSTRUCTIONS</b></p> <p>1 Complete two copies of this form. Make check payable to <b>Cement Masons' F.B.F.</b> Keep one copy for your records. Mail one copy with your check to:</p> <p style="text-align: center;"><b>Chase Bank</b> Attn: Cement Masons' F.B.F. Dept. 78015, P.O. Box 78000 Detroit, MI 48278-0015</p> <p>2 If payment is not made by 15th of the month, simple interest will be assessed at the rate of 12% per annum.</p> <p>3 Explain adjustments on reverse side and attach variance notice, if applicable.</p>	<p style="text-align: center;"><b>IMPORTANT</b></p> <p style="text-align: center;"><b>FEDERAL LAW REQUIRES EACH EMPLOYER TO FURNISH THE FOLLOWING INFORMATION</b></p> <p>If no men were employed during the month please complete:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; border: 1px solid black;"><input type="checkbox"/></td> <td>Inactive this month</td> </tr> <tr> <td style="border: 1px solid black;"><input type="checkbox"/></td> <td>No longer working in area</td> </tr> <tr> <td style="border: 1px solid black;"><input type="checkbox"/></td> <td>Final Report - give reason</td> </tr> </table>	<input type="checkbox"/>	Inactive this month	<input type="checkbox"/>	No longer working in area	<input type="checkbox"/>	Final Report - give reason	<p>By filing this form, the undersigned employer confirms that he or it has agreed to make employee fringe benefit contributions, the detailed basis of which is as set out above.</p> <p style="text-align: right;">_____ SIGNATURE</p>
<input type="checkbox"/>	Inactive this month							
<input type="checkbox"/>	No longer working in area							
<input type="checkbox"/>	Final Report - give reason							

<p><b>OPCMIA LOCAL #514 APPRENTICE CEMENT MASONS' FRINGE BENEFIT FUNDS DETROIT and VICINITY</b></p>	<p><b>FORM APPRENTICE - EMPLOYEE DETAIL REPORT FOR EMPLOYER'S MONTHLY FRINGE BENEFIT REPORT</b></p>
OPCMIA LOCAL #514 CONTRACTOR'S NAME	WORK MONTH

EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	COLUMN A	COLUMN B
			HOURS WORKED	TOTAL BASE PAY
LAST	INITIALS			
ENTER TOTAL HOURS WORKED AND BASE PAY ON FRONT SIDE OF THIS FORM ON LINES PROVIDED		TOTALS:		

ALL CONTRIBUTIONS ARE DUE BY THE 15TH OF THE MONTH FOLLOWING THE MONTH WORKED

**OPCMIA LOCAL #514  
Journeyman  
CEMENT MASONS' FRINGE BENEFIT FUNDS  
ST. CLAIR COUNTY**

FORM ST. CLAIR CNTY FIRST SHIFT JOURNEYMAN  
REV. 06/21  
EMPLOYERS MONTHLY  
FRINGE BENEFIT REPORT

NAME		CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS FORM ST. CLAIR CNTY FIRST SHIFT JOURNEYMAN <input type="checkbox"/>
ADDRESS		TELEPHONE	Report All Weekly Payroll Periods Ending In The above Month	NUMBER OF PAGES IN THIS REPORT <input type="checkbox"/>
CITY AND STATE	ZIP	REPORT DATE		

PLEASE INDICATE THE COLLECTIVE BARGAINING AGREEMENT UNDER WHICH THE WORK WAS PERFORMED BY PLACING A MARK BEFORE THE APPROPRIATE SECTION. THEN INSERT THE FRINGE BENEFIT CONTRIBUTION RATES FROM THAT SECTION IN THE SPACES PROVIDED AT THE BOTTOM OF THIS FORM

Check Section	Section	COMMERCIAL AGREEMENTS	Effective Dates	Health & Welfare	Vacation	Pension	Annuity	International Pension	Int'l Appr Trng Fund	Appr.	Working Dues	Industry Advmt.	M.U.S.T
	<b>A</b>	AGC Contractors - Associated General Contractors of Michigan	Jun-21	\$7.08 HOURS WORKED	\$1.41 HOURS PAID	\$8.77 HOURS PAID	\$1.86 HOURS WORKED	\$0.99 HOURS WORKED	\$0.07 HOURS WORKED	\$0.45 HOURS WORKED	\$1.44 HOURS WORKED	\$0.15 HOURS WORKED	\$0.05 HOURS WORKED
	<b>A1</b>	CAM Contractors - Construction Association of Michigan	Jun-21	\$7.08 HOURS WORKED	\$1.41 HOURS PAID	\$8.77 HOURS PAID	\$1.86 HOURS WORKED	\$0.99 HOURS WORKED	\$0.07 HOURS WORKED	\$0.45 HOURS WORKED	\$1.44 HOURS WORKED	\$0.15 HOURS WORKED	\$0.05 HOURS WORKED
	<b>B</b>	ACCM Contractors - Associated Concrete Contractors of Michigan	Jun-21	\$7.08 HOURS WORKED	\$1.41 HOURS PAID	\$8.77 HOURS PAID	\$1.86 HOURS WORKED	\$0.99 HOURS WORKED	\$0.07 HOURS WORKED	\$0.45 HOURS WORKED	\$1.44 HOURS WORKED	\$0.15 HOURS WORKED	\$0.05 HOURS WORKED

TOTAL HOURS WORKED FROM COLUMN A:	TOTAL HOURS PAID FROM COLUMN B:
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FRINGE BENEFIT FUND	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIPLY BY	TOTAL	ADJUSTMENTS	AMOUNT DUE
HEALTH and WELFARE	\$7.08	HOURS WORKED COLUMN A	\$	\$	\$
VACATION	\$1.41	HOURS PAID COLUMN B			
PENSION	\$8.77	HOURS PAID COLUMN B			
ANNUITY	\$1.86	HOURS WORKED COLUMN A			
INTERNAT'L PENSION	\$0.99	HOURS WORKED COLUMN A			
INT'L APPR TRNG FUND	\$0.07	HOURS WORKED COLUMN A			
APPRENTICESHIP	\$0.45	HOURS WORKED COLUMN A			
WORKING DUES	\$1.44	HOURS WORKED COLUMN A			
INDUSTRY ADVMT.	\$0.15	HOURS WORKED COLUMN A			
M.U.S.T.	\$0.05	HOURS WORKED COLUMN A			
<b>TOTAL AMOUNT DUE:</b>					

<p><b>INSTRUCTIONS</b></p> <p>1 Complete two copies of this form. Make check payable to <b>Cement Masons' F.B.F.</b> Keep one copy for your records. Mail one copy with your check to:</p> <p align="center"><b>Chase Bank</b> Attn: Cement Masons' F.B.F. Dept. 78015, P.O. Box 78000 Detroit, MI 48278-0015</p> <p>2 If payment is not made by 15th of the month, simple interest will be assessed at the rate of 12% per annum.</p> <p>3 Explain adjustments on reverse side and attach variance notice, if applicable.</p>	<p><b>IMPORTANT</b></p> <p><b>FEDERAL LAW REQUIRES EACH EMPLOYER TO FURNISH THE FOLLOWING INFORMATION</b></p> <p>If no men were employed during the month please complete:</p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Inactive this month</td> </tr> <tr> <td><input type="checkbox"/></td> <td>No longer working in area</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Final Report - give reason</td> </tr> </table>	<input type="checkbox"/>	Inactive this month	<input type="checkbox"/>	No longer working in area	<input type="checkbox"/>	Final Report - give reason	<p>By filing this form, the undersigned employer confirms that he or it has agreed to make employee fringe benefit contributions, the detailed basis of which is as set out above.</p> <p align="right">_____ SIGNATURE</p>
<input type="checkbox"/>	Inactive this month							
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<input type="checkbox"/>	Final Report - give reason							

**OPCMIA LOCAL #514 Journeyman  
CEMENT MASONS' FRINGE BENEFIT FUNDS  
ST. CLAIR COUNTY**

**FORM ST. CLAIR CNTY FIRST  
SHIFT JOURNEYMAN -  
EMPLOYEE DETAIL REPORT  
FOR EMPLOYER'S MONTHLY  
FRINGE BENEFIT REPORT**

OPCMIA LOCAL #514 CONTRACTOR'S NAME

WORK MONTH

EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	COLUMN A	COLUMN B
			HOURS WORKED	HOURS PAID
LAST	INITIALS			
ENTER TOTAL HOURS WORKED AND HOURS PAID ON FRONT SIDE OF THIS FORM ON LINES PROVIDED		<b>TOTALS:</b>		

ALL CONTRIBUTIONS ARE DUE BY THE 15TH OF THE MONTH FOLLOWING THE MONTH WORKED

**OPCMIA LOCAL #514  
Journeyman  
CEMENT MASONS' FRINGE BENEFIT FUNDS  
ST. CLAIR COUNTY**

FORM ST. CLAIR CNTY SPECIAL SHIFT JOURNEYMAN  
REV. 06/21  
**EMPLOYERS MONTHLY  
FRINGE BENEFIT REPORT**

NAME		CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS <input type="checkbox"/>
ADDRESS		TELEPHONE	Report All Weekly Payroll Periods Ending In The above Month	<b>FORM ST. CLAIR CNTY SPECIAL SHIFT JOURNEYMAN</b>
CITY AND STATE	ZIP	REPORT DATE		<b>NUMBER OF PAGES IN THIS REPORT</b>

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	<b>A</b>	AGC Contractors - Associated General Contractors of Michigan	<b>Jun-21</b>	<b>\$7.08</b> HOURS WORKED	<b>\$1.41</b> HOURS PAID	<b>\$8.77</b> HOURS PAID	<b>\$1.86</b> HOURS WORKED	<b>\$0.99</b> HOURS WORKED	<b>\$0.07</b> HOURS WORKED	<b>\$0.45</b> HOURS WORKED	<b>\$1.60</b> HOURS WORKED	<b>\$0.15</b> HOURS WORKED	<b>\$0.05</b> HOURS WORKED
	<b>A1</b>	CAM Contractors - Construction Association of Michigan	<b>Jun-21</b>	<b>\$7.08</b> HOURS WORKED	<b>\$1.41</b> HOURS PAID	<b>\$8.77</b> HOURS PAID	<b>\$1.86</b> HOURS WORKED	<b>\$0.99</b> HOURS WORKED	<b>\$0.07</b> HOURS WORKED	<b>\$0.45</b> HOURS WORKED	<b>\$1.60</b> HOURS WORKED	<b>\$0.15</b> HOURS WORKED	<b>\$0.05</b> HOURS WORKED
	<b>B</b>	ACCM Contractors - Associated Concrete Contractors of Michigan	<b>Jun-21</b>	<b>\$7.08</b> HOURS WORKED	<b>\$1.41</b> HOURS PAID	<b>\$8.77</b> HOURS PAID	<b>\$1.86</b> HOURS WORKED	<b>\$0.99</b> HOURS WORKED	<b>\$0.07</b> HOURS WORKED	<b>\$0.45</b> HOURS WORKED	<b>\$1.60</b> HOURS WORKED	<b>\$0.15</b> HOURS WORKED	<b>\$0.05</b> HOURS WORKED

TOTAL HOURS WORKED FROM COLUMN A:	TOTAL HOURS PAID FROM COLUMN B:
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FRINGE BENEFIT FUND	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIPLY BY	TOTAL	ADJUSTMENTS	AMOUNT DUE
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VACATION	<b>\$1.41</b>	HOURS PAID COLUMN B			
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INT'L APPR TRNG FUND	<b>\$0.07</b>	HOURS WORKED COLUMN A			
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WORKING DUES	<b>\$1.60</b>	HOURS WORKED COLUMN A			
INDUSTRY ADVMT.	<b>\$0.15</b>	HOURS WORKED COLUMN A			
M.U.S.T.	<b>\$0.05</b>	HOURS WORKED COLUMN A			
<b>TOTAL AMOUNT DUE:</b>					

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**OPCMIA LOCAL #514 Journeyman  
CEMENT MASONS' FRINGE BENEFIT FUNDS  
ST. CLAIR COUNTY**

**FORM ST. CLAIR CNTY SPECIAL  
SHIFT JOURNEYMAN -  
EMPLOYEE DETAIL REPORT FOR  
EMPLOYER'S MONTHLY FRINGE  
BENEFIT REPORT**

OPCMIA LOCAL #514 CONTRACTOR'S NAME

WORK MONTH

EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	COLUMN A	COLUMN B
LAST	INITIALS		HOURS WORKED	HOURS PAID
ENTER TOTAL HOURS WORKED AND HOURS PAID ON FRONT SIDE OF THIS FORM ON LINES PROVIDED		<b>TOTALS:</b>		

ALL CONTRIBUTIONS ARE DUE BY THE 15TH OF THE MONTH FOLLOWING THE MONTH WORKED

**OPCMIA LOCAL #514  
Foreman  
CEMENT MASONS' FRINGE BENEFIT FUNDS  
ST. CLAIR COUNTY**

FORM ST. CLAIR CNTY FIRST SHIFT FOREMAN  
REV. 06/21  
**EMPLOYERS MONTHLY  
FRINGE BENEFIT REPORT**

NAME		CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS FORM ST. CLAIR CNTY FIRST SHIFT FOREMAN <input type="checkbox"/>
ADDRESS		TELEPHONE	Report All Weekly Payroll Periods Ending In The above Month	NUMBER OF PAGES IN THIS REPORT <input type="checkbox"/>
CITY AND STATE	ZIP	REPORT DATE		

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	<b>B</b>	ACCM Contractors - Associated Concrete Contractors of Michigan	Jun-21	\$7.08 HOURS WORKED	\$1.41 HOURS PAID	\$8.77 HOURS PAID	\$1.86 HOURS WORKED	\$0.99 HOURS WORKED	\$0.07 HOURS WORKED	\$0.45 HOURS WORKED	\$1.50 HOURS WORKED	\$0.15 HOURS WORKED	\$0.05 HOURS WORKED

TOTAL HOURS WORKED FROM COLUMN A:	TOTAL HOURS PAID FROM COLUMN B:
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FRINGE BENEFIT FUND	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIPLY BY	TOTAL	ADJUSTMENTS	AMOUNT DUE
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<b>TOTAL AMOUNT DUE:</b>					

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**OPCMIA LOCAL #514 Foreman**  
**CEMENT MASONS' FRINGE BENEFIT FUNDS**  
**ST. CLAIR COUNTY**

**FORM ST. CLAIR CNTY FIRST**  
**SHIFT FOREMAN - EMPLOYEE**  
**DETAIL REPORT FOR**  
**EMPLOYER'S MONTHLY**  
**FRINGE BENEFIT REPORT**

OPCMIA LOCAL #514 CONTRACTOR'S NAME

WORK MONTH

EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	COLUMN A	COLUMN B
LAST	INITIALS		HOURS WORKED	HOURS PAID
ENTER TOTAL HOURS WORKED AND HOURS PAID ON FRONT SIDE OF THIS FORM ON LINES PROVIDED		TOTALS:		



ALL CONTRIBUTIONS ARE DUE BY THE 15TH OF THE MONTH FOLLOWING THE MONTH WORKED

**OPCMIA LOCAL #514  
Foreman  
CEMENT MASONS' FRINGE BENEFIT FUNDS  
ST. CLAIR COUNTY**

FORM ST. CLAIR CNTY SPECIAL SHIFT FOREMAN  
REV. 06/21  
EMPLOYERS MONTHLY  
FRINGE BENEFIT REPORT

NAME		CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS <input type="checkbox"/>
ADDRESS		TELEPHONE	Report All Weekly Payroll Periods Ending In The above Month	FORM ST. CLAIR CNTY SPECIAL SHIFT FOREMAN
CITY AND STATE	ZIP	REPORT DATE		NUMBER OF PAGES IN THIS REPORT <input type="checkbox"/>

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TOTAL HOURS WORKED FROM COLUMN A:	TOTAL HOURS PAID FROM COLUMN B:
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FRINGE BENEFIT FUND	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIPLY BY	TOTAL	ADJUSTMENTS	AMOUNT DUE
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**OPCMIA LOCAL #514 Foreman  
CEMENT MASONS' FRINGE BENEFIT FUNDS  
ST. CLAIR COUNTY**

**FORM ST. CLAIR CNTY  
SPECIAL SHIFT FOREMAN -  
EMPLOYEE DETAIL REPORT  
FOR EMPLOYER'S MONTHLY  
FRINGE BENEFIT REPORT**

OPCMIA LOCAL #514 CONTRACTOR'S NAME

WORK MONTH

EMPLOYEE'S NAME

SOCIAL  
SECURITY  
NUMBER

COLUMN A

COLUMN B

HOURS  
WORKED

HOURS  
PAID

LAST

INITIALS

ENTER TOTAL HOURS WORKED AND HOURS PAID ON FRONT  
SIDE OF THIS FORM ON LINES PROVIDED

**TOTALS:**

ALL CONTRIBUTIONS ARE DUE BY THE 15TH OF THE MONTH FOLLOWING THE MONTH WORKED

**OPCMIA LOCAL #514  
APPRENTICE  
CEMENT MASONS' FRINGE BENEFIT FUNDS  
ST. CLAIR COUNTY**

FORM ST. CLAIR CNTY APPRENTICE  
REV. 06/21  
**EMPLOYERS MONTHLY  
FRINGE BENEFIT REPORT**

NAME		CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS FORM ST. CLAIR CNTY APPRENTICE <input type="checkbox"/>
ADDRESS		TELEPHONE	Report All Weekly Payroll Periods Ending In The above Month	NUMBER OF PAGES IN THIS REPORT <input type="checkbox"/>
CITY AND STATE	ZIP	REPORT DATE		

PLEASE INDICATE THE COLLECTIVE BARGAINING AGREEMENT UNDER WHICH THE WORK WAS PERFORMED BY PLACING A MARK BEFORE THE APPROPRIATE SECTION. THEN INSERT THE FRINGE BENEFIT CONTRIBUTION RATES FROM THAT SECTION IN THE SPACES PROVIDED AT THE BOTTOM OF THIS FORM

Check Section	Section	COMMERCIAL AGREEMENTS	Effective Dates	Health & Welfare	Vacation	Pension	International Pension	Int'l Appr Trng Fund	Annuity	Working Dues	Industry Advmt.	M.U.S.T.
	<b>A</b>	AGC Contractors - Associated General Contractors of Michigan	Jun-21	\$7.08 HOURS WORKED	\$1.41 HOURS PAID	24.6% BASE PAY	\$0.99 HOURS WORKED	\$0.07 HOURS WORKED	\$1.86 HOURS WORKED	4% BASE PAY	\$0.15 HOURS WORKED	\$0.05 HOURS WORKED
	<b>A1</b>	CAM Contractors - Construction Association of Michigan	Jun-21	\$7.08 HOURS WORKED	\$1.41 HOURS PAID	24.6% BASE PAY	\$0.99 HOURS WORKED	\$0.07 HOURS WORKED	\$1.86 HOURS WORKED	4% BASE PAY	\$0.15 HOURS WORKED	\$0.05 HOURS WORKED
	<b>B</b>	ACCM Contractors - Associated Concrete Contractors of Michigan	Jun-21	\$7.08 HOURS WORKED	\$1.41 HOURS PAID	24.6% BASE PAY	\$0.99 HOURS WORKED	\$0.07 HOURS WORKED	\$1.86 HOURS WORKED	4% BASE PAY	\$0.15 HOURS WORKED	\$0.05 HOURS WORKED

TOTAL HOURS WORKED FROM COLUMN A:		TOTAL HOURS PAID FROM COLUMN B:		TOTAL BASE PAY* FROM COLUMN C:	
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FRINGE BENEFIT FUND	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIPLY BY	TOTAL	ADJUSTMENTS	AMOUNT DUE
HEALTH and WELFARE	\$7.08	HOURS WORKED COLUMN A	\$	\$	\$
VACATION	\$1.41	HOURS PAID COLUMN B			
PENSION	24.60%	BASE PAY COLUMN C			
INTERNAT'L PENSION	\$0.99	HOURS WORKED COLUMN A			
INT'L APPR TRNG FUND	\$0.07	HOURS WORKED COLUMN A			
ANNUITY	\$1.86	HOURS WORKED COLUMN A			
WORKING DUES	4.00%	BASE PAY COLUMN C			
INDUSTRY ADVMT.	\$0.15	HOURS WORKED COLUMN A			
M.U.S.T.	\$0.05	HOURS WORKED COLUMN A			
<b>TOTAL AMOUNT DUE:</b>					

\*Base Pay shall include total Base Wages paid for straight time and overtime only, but shall not include Vacation and Holiday, Insurance, Pension, Annuity, International Pension, Working Dues, Industry Advancement, PPA, International Appr Training Fund or M.U.S.T. contributions.

<p><b>INSTRUCTIONS</b></p> <p>1 Complete two copies of this form. Make check payable to <b>Cement Masons' F.B.F.</b> Keep one copy for your records. Mail one copy with your check to:</p> <p align="center"><b>Chase Bank</b> Attn: Cement Masons' F.B.F. Dept. 78015, P.O. Box 78000 Detroit, MI 48278-0015</p> <p>2 If payment is not made by 15th of the month, simple interest will be assessed at the rate of 12% per annum.</p> <p>3 Explain adjustments on reverse side and attach variance notice, if applicable.</p>	<p align="center"><b>IMPORTANT</b></p> <p align="center"><b>FEDERAL LAW REQUIRES EACH EMPLOYER TO FURNISH THE FOLLOWING INFORMATION</b></p> <p>If no men were employed during the month please complete:</p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Inactive this month</td> </tr> <tr> <td><input type="checkbox"/></td> <td>No longer working in area</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Final Report - give reason</td> </tr> </table>	<input type="checkbox"/>	Inactive this month	<input type="checkbox"/>	No longer working in area	<input type="checkbox"/>	Final Report - give reason	<p>By filing this form, the undersigned employer confirms that he or it has agreed to make employee fringe benefit contributions, the detailed basis of which is as set out above.</p> <p align="right">_____ SIGNATURE</p>
<input type="checkbox"/>	Inactive this month							
<input type="checkbox"/>	No longer working in area							
<input type="checkbox"/>	Final Report - give reason							

<b>OPCMIA LOCAL #514 <u>Apprentice</u> CEMENT MASONS' FRINGE BENEFIT FUNDS ST. CLAIR COUNTY</b>				<b>FORM ST. CLAIR CNTY APPRENTICE - EMPLOYEE DETAIL REPORT FOR EMPLOYER'S MONTHLY FRINGE BENEFIT REPORT</b>	
OPCMIA LOCAL #514 CONTRACTOR'S NAME		WORK MONTH			
EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	COLUMN A	COLUMN B	COLUMN C
			HOURS WORKED	HOURS PAID	TOTAL BASE PAY
					Base Pay shall include total Base Wages paid for straight time and overtime only, but shall not include Vacation and Holiday, Insurance, Pension, Annuity, International Pension, Working Dues, Industry Advancement, PPA, International Appr Training Fund or M.U.S.T. contributions.
LAST	INITIALS				
ENTER TOTAL HOURS WORKED, HOURS PAID AND BASE PAY ON FRONT SIDE OF THIS FORM ON LINES PROVIDED		<b>TOTALS:</b>			

ALL CONTRIBUTIONS ARE DUE BY THE 15TH OF THE MONTH FOLLOWING THE MONTH WORKED

**OPCMIA LOCAL #514  
Journeyman  
CEMENT MASONS' FRINGE BENEFIT FUNDS  
SANILAC COUNTY**

FORM SANILAC CNTY FIRST SHIFT JOURNEYMAN  
REV. 06/21  
EMPLOYERS MONTHLY  
FRINGE BENEFIT REPORT

NAME		CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS FORM SANILAC CNTY FIRST SHIFT JOURNEYMAN <input type="checkbox"/>
ADDRESS		TELEPHONE	Report All Weekly Payroll Periods Ending In The above Month	NUMBER OF PAGES IN THIS REPORT <input type="checkbox"/>
CITY AND STATE	ZIP	REPORT DATE		

PLEASE INDICATE THE COLLECTIVE BARGAINING AGREEMENT UNDER WHICH THE WORK WAS PERFORMED BY **PLACING A MARK BEFORE THE APPROPRIATE SECTION**. THEN INSERT THE FRINGE BENEFIT CONTRIBUTION RATES FROM THAT SECTION IN THE SPACES PROVIDED AT THE BOTTOM OF THIS FORM

Check Section	Section	COMMERCIAL AGREEMENTS	Effective Dates	Health & Welfare	Vacation	Pension	Annuity	International Pension	Int'l Appr Trng Fund	Appr.	Working Dues	Industry Advmt.	M.U.S.T
	<b>A</b>	AGC Contractors - Associated General Contractors of Michigan	Jun-21	\$7.08 HOURS WORKED	\$1.41 HOURS PAID	\$8.77 HOURS PAID	\$1.86 HOURS WORKED	\$0.99 HOURS WORKED	\$0.07 HOURS WORKED	\$0.45 HOURS WORKED	\$1.44 HOURS WORKED	\$0.15 HOURS WORKED	\$0.05 HOURS WORKED
	<b>A1</b>	CAM Contractors - Construction Association of Michigan	Jun-21	\$7.08 HOURS WORKED	\$1.41 HOURS PAID	\$8.77 HOURS PAID	\$1.86 HOURS WORKED	\$0.99 HOURS WORKED	\$0.07 HOURS WORKED	\$0.45 HOURS WORKED	\$1.44 HOURS WORKED	\$0.15 HOURS WORKED	\$0.05 HOURS WORKED
	<b>B</b>	ACCM Contractors - Associated Concrete Contractors of Michigan	Jun-21	\$7.08 HOURS WORKED	\$1.41 HOURS PAID	\$8.77 HOURS PAID	\$1.86 HOURS WORKED	\$0.99 HOURS WORKED	\$0.07 HOURS WORKED	\$0.45 HOURS WORKED	\$1.44 HOURS WORKED	\$0.15 HOURS WORKED	\$0.05 HOURS WORKED

TOTAL HOURS WORKED FROM COLUMN A:		TOTAL HOURS PAID FROM COLUMN B:			
FRINGE BENEFIT FUND	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIPLY BY	TOTAL	ADJUSTMENTS	AMOUNT DUE
HEALTH and WELFARE	\$7.08	HOURS WORKED COLUMN A	\$	\$	\$
VACATION	\$1.41	HOURS PAID COLUMN B			
PENSION	\$8.77	HOURS PAID COLUMN B			
ANNUITY	\$1.86	HOURS WORKED COLUMN A			
INTERNAT'L PENSION	\$0.99	HOURS WORKED COLUMN A			
INT'L APPR TRNG FUND	\$0.07	HOURS WORKED COLUMN A			
APPRENTICESHIP	\$0.45	HOURS WORKED COLUMN A			
WORKING DUES	\$1.44	HOURS WORKED COLUMN A			
INDUSTRY ADVMT.	\$0.15	HOURS WORKED COLUMN A			
M.U.S.T.	\$0.05	HOURS WORKED COLUMN A			
<b>TOTAL AMOUNT DUE:</b>					

<p><b>INSTRUCTIONS</b></p> <p>1 Complete two copies of this form. Make check payable to <b>Cement Masons' F.B.F.</b> Keep one copy for your records. Mail one copy with your check to:</p> <p align="center"><b>Chase Bank</b> Attn: Cement Masons' F.B.F. Dept. 78015, P.O. Box 78000 Detroit, MI 48278-0015</p> <p>2 If payment is not made by 15th of the month, simple interest will be assessed at the rate of 12% per annum.</p> <p>3 Explain adjustments on reverse side and attach variance notice, if applicable.</p>	<p><b>IMPORTANT</b></p> <p><b>FEDERAL LAW REQUIRES EACH EMPLOYER TO FURNISH THE FOLLOWING INFORMATION</b></p> <p>If no men were employed during the month please complete:</p> <p><input type="checkbox"/> Inactive this month</p> <p><input type="checkbox"/> No longer working in area</p> <p><input type="checkbox"/> Final Report - give reason</p>	<p>By filing this form, the undersigned employer confirms that he or it has agreed to make employee fringe benefit contributions, the detailed basis of which is as set out above.</p> <p align="right">_____ SIGNATURE</p>
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**OPCMIA LOCAL #514 Journeyman  
CEMENT MASONS' FRINGE BENEFIT FUNDS  
SANILAC COUNTY**

**FORM SANILAC CNTY FIRST SHIFT  
JOURNEYMAN - EMPLOYEE  
DETAIL REPORT FOR  
EMPLOYER'S MONTHLY FRINGE  
BENEFIT REPORT**

OPCMIA LOCAL #514 CONTRACTOR'S NAME

WORK MONTH

EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	COLUMN A	COLUMN B
			HOURS WORKED	HOURS PAID
LAST	INITIALS			
ENTER TOTAL HOURS WORKED AND HOURS PAID ON FRONT SIDE OF THIS FORM ON LINES PROVIDED		<b>TOTALS:</b>		

ALL CONTRIBUTIONS ARE DUE BY THE 15TH OF THE MONTH FOLLOWING THE MONTH WORKED

**OPCMIA LOCAL #514  
Journeyman  
CEMENT MASONS' FRINGE BENEFIT FUNDS  
SANILAC COUNTY**

FORM SANILAC CNTY SPECIAL SHIFT JOURNEYMAN  
REV. 06/21  
EMPLOYERS MONTHLY  
FRINGE BENEFIT REPORT

NAME		CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS <input type="checkbox"/>
ADDRESS		TELEPHONE	Report All Weekly Payroll Periods Ending In The above Month	FORM SANILAC CNTY SPECIAL SHIFT JOURNEYMAN
CITY AND STATE	ZIP	REPORT DATE		NUMBER OF PAGES IN THIS REPORT <input type="checkbox"/>

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	<b>A1</b>	CAM Contractors - Construction Association of Michigan	Jun-21	\$7.08 HOURS WORKED	\$1.41 HOURS PAID	\$8.77 HOURS PAID	\$1.86 HOURS WORKED	\$0.99 HOURS WORKED	\$0.07 HOURS WORKED	\$0.45 HOURS WORKED	\$1.60 HOURS WORKED	\$0.15 HOURS WORKED	\$0.05 HOURS WORKED
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TOTAL HOURS WORKED FROM COLUMN A:	TOTAL HOURS PAID FROM COLUMN B:
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FRINGE BENEFIT FUND	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIPLY BY	TOTAL	ADJUSTMENTS	AMOUNT DUE
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INT'L APPR TRNG FUND	\$0.07	HOURS WORKED COLUMN A			
APPRENTICESHIP	\$0.45	HOURS WORKED COLUMN A			
WORKING DUES	\$1.60	HOURS WORKED COLUMN A			
INDUSTRY ADVMT.	\$0.15	HOURS WORKED COLUMN A			
M.U.S.T.	\$0.05	HOURS WORKED COLUMN A			
<b>TOTAL AMOUNT DUE:</b>					

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<input type="checkbox"/>	Inactive this month							
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**OPCMIA LOCAL #514 Journeyman  
CEMENT MASONS' FRINGE BENEFIT FUNDS  
SANILAC COUNTY**

**FORM SANILAC CNTY SPECIAL  
SHIFT JOURNEYMAN -  
EMPLOYEE DETAIL REPORT FOR  
EMPLOYER'S MONTHLY FRINGE  
BENEFIT REPORT**

OPCMIA LOCAL #514 CONTRACTOR'S NAME

WORK MONTH

EMPLOYEE'S NAME

SOCIAL  
SECURITY  
NUMBER

COLUMN A

COLUMN B

HOURS  
WORKED

HOURS  
PAID

LAST

INITIALS

ENTER TOTAL HOURS WORKED AND HOURS PAID ON FRONT  
SIDE OF THIS FORM ON LINES PROVIDED

**TOTALS:**



ALL CONTRIBUTIONS ARE DUE BY THE 15TH OF THE MONTH FOLLOWING THE MONTH WORKED

**OPCMIA LOCAL #514  
Foreman  
CEMENT MASONS' FRINGE BENEFIT FUNDS  
SANILAC COUNTY**

FORM SANILAC CNTY FIRST SHIFT FOREMAN  
REV. 06/21  
EMPLOYERS MONTHLY  
FRINGE BENEFIT REPORT

NAME		CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS FORM SANILAC CNTY FIRST SHIFT FOREMAN <input type="checkbox"/>
ADDRESS		TELEPHONE	Report All Weekly Payroll Periods Ending In The above Month	NUMBER OF PAGES IN THIS REPORT <input type="checkbox"/>
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<b>TOTAL AMOUNT DUE:</b>					

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<input type="checkbox"/>	Inactive this month							
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**OPCMIA LOCAL #514 Foreman  
CEMENT MASONS' FRINGE BENEFIT FUNDS  
SANILAC COUNTY**

**FORM SANILAC CNTY FIRST SHIFT  
FOREMAN - EMPLOYEE DETAIL  
REPORT FOR EMPLOYER'S  
MONTHLY FRINGE BENEFIT  
REPORT**

OPCMIA LOCAL #514 CONTRACTOR'S NAME

WORK MONTH

EMPLOYEE'S NAME

SOCIAL  
SECURITY  
NUMBER

COLUMN A

COLUMN B

HOURS  
WORKED

HOURS  
PAID

LAST

INITIALS

ENTER TOTAL HOURS WORKED AND HOURS PAID ON FRONT  
SIDE OF THIS FORM ON LINES PROVIDED

**TOTALS:**

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**OPCMIA LOCAL #514  
Foreman  
CEMENT MASONS' FRINGE BENEFIT FUNDS  
SANILAC COUNTY**

FORM SANILAC CNTY SPECIAL SHIFT FOREMAN  
REV. 06/21  
EMPLOYERS MONTHLY  
FRINGE BENEFIT REPORT

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TOTAL HOURS WORKED FROM COLUMN A:	TOTAL HOURS PAID FROM COLUMN B:
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FRINGE BENEFIT FUND	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIPLY BY	TOTAL	ADJUSTMENTS	AMOUNT DUE
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INDUSTRY ADVMT.	\$0.15	HOURS WORKED COLUMN A			
M.U.S.T.	\$0.05	HOURS WORKED COLUMN A			
<b>TOTAL AMOUNT DUE:</b>					

<p><b>INSTRUCTIONS</b></p> <p>1 Complete two copies of this form. Make check payable to <b>Cement Masons' F.B.F.</b> Keep one copy for your records. Mail one copy with your check to:</p> <p align="center"><b>Chase Bank Attn: Cement Masons' F.B.F. Dept. 78015, P.O. Box 78000 Detroit, MI 48278-0015</b></p> <p>2 If payment is not made by 15th of the month, simple interest will be assessed at the rate of 12% per annum.</p> <p>3 Explain adjustments on reverse side and attach variance notice, if applicable.</p>	<p><b>IMPORTANT</b></p> <p><b>FEDERAL LAW REQUIRES EACH EMPLOYER TO FURNISH THE FOLLOWING INFORMATION</b></p> <p>If no men were employed during the month please complete:</p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Inactive this month</td> </tr> <tr> <td><input type="checkbox"/></td> <td>No longer working in area</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Final Report - give reason</td> </tr> </table>	<input type="checkbox"/>	Inactive this month	<input type="checkbox"/>	No longer working in area	<input type="checkbox"/>	Final Report - give reason	<p>By filing this form, the undersigned employer confirms that he or it has agreed to make employee fringe benefit contributions, the detailed basis of which is as set out above.</p> <p align="right">_____ SIGNATURE</p>
<input type="checkbox"/>	Inactive this month							
<input type="checkbox"/>	No longer working in area							
<input type="checkbox"/>	Final Report - give reason							

**OPCMIA LOCAL #514 Foreman  
CEMENT MASONS' FRINGE BENEFIT FUNDS  
SANILAC COUNTY**

**FORM SANILAC CNTY SPECIAL  
SHIFT FOREMAN - EMPLOYEE  
DETAIL REPORT FOR  
EMPLOYER'S MONTHLY FRINGE  
BENEFIT REPORT**

OPCMIA LOCAL #514 CONTRACTOR'S NAME

WORK MONTH

EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	COLUMN A	COLUMN B
			HOURS WORKED	HOURS PAID
LAST	INITIALS			
ENTER TOTAL HOURS WORKED AND HOURS PAID ON FRONT SIDE OF THIS FORM ON LINES PROVIDED		<b>TOTALS:</b>		

ALL CONTRIBUTIONS ARE DUE BY THE 15TH OF THE MONTH FOLLOWING THE MONTH WORKED

**OPCMIA LOCAL #514  
APPRENTICE  
CEMENT MASONS' FRINGE BENEFIT FUNDS  
SANILAC COUNTY**

FORM SANILAC CNTY APPRENTICE  
REV. 06/21  
EMPLOYERS MONTHLY  
FRINGE BENEFIT REPORT

NAME		CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS FORM SANILAC CNTY APPRENTICE <input type="checkbox"/>
ADDRESS		TELEPHONE	Report All Weekly Payroll Periods Ending In The above Month	NUMBER OF PAGES IN THIS REPORT <input type="checkbox"/>
CITY AND STATE	ZIP	REPORT DATE		

PLEASE INDICATE THE COLLECTIVE BARGAINING AGREEMENT UNDER WHICH THE WORK WAS PERFORMED BY PLACING A MARK BEFORE THE APPROPRIATE SECTION. THEN INSERT THE FRINGE BENEFIT CONTRIBUTION RATES FROM THAT SECTION IN THE SPACES PROVIDED AT THE BOTTOM OF THIS FORM

Check Section	Section	COMMERCIAL AGREEMENTS	Effective Dates	Health & Welfare	Vacation	Pension	International Pension	Int'l Appr Trng Fund	Annuity	Working Dues	Industry Advmt.	M.U.S.T.
	<b>A</b>	AGC Contractors - Associated General Contractors of Michigan	Jun-21	\$7.08 HOURS WORKED	\$1.41 HOURS PAID	24.6% BASE PAY	\$0.99 HOURS WORKED	\$0.07 HOURS WORKED	\$1.86 HOURS WORKED	4% BASE PAY	\$0.15 HOURS WORKED	\$0.05 HOURS WORKED
	<b>A1</b>	CAM Contractors - Construction Association of Michigan	Jun-21	\$7.08 HOURS WORKED	\$1.41 HOURS PAID	24.6% BASE PAY	\$0.99 HOURS WORKED	\$0.07 HOURS WORKED	\$1.86 HOURS WORKED	4% BASE PAY	\$0.15 HOURS WORKED	\$0.05 HOURS WORKED
	<b>B</b>	ACCM Contractors - Associated Concrete Contractors of Michigan	Jun-21	\$7.08 HOURS WORKED	\$1.41 HOURS PAID	24.6% BASE PAY	\$0.99 HOURS WORKED	\$0.07 HOURS WORKED	\$1.86 HOURS WORKED	4% BASE PAY	\$0.15 HOURS WORKED	\$0.05 HOURS WORKED

TOTAL HOURS WORKED FROM COLUMN A:	TOTAL HOURS PAID FROM COLUMN B:	TOTAL BASE PAY* FROM COLUMN C:
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FRINGE BENEFIT FUND	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIPLY BY	TOTAL	ADJUSTMENTS	AMOUNT DUE
HEALTH and WELFARE	\$7.08	HOURS WORKED COLUMN A	\$	\$	\$
VACATION	\$1.41	HOURS PAID COLUMN B			
PENSION	24.60%	BASE PAY COLUMN C			
INTERNAT'L PENSION	\$0.99	HOURS WORKED COLUMN A			
INT'L APPR TRNG FUND	\$0.07	HOURS WORKED COLUMN A			
ANNUITY	\$1.86	HOURS WORKED COLUMN A			
WORKING DUES	4.00%	BASE PAY COLUMN C			
INDUSTRY ADVMT.	\$0.15	HOURS WORKED COLUMN A			
M.U.S.T.	\$0.05	HOURS WORKED COLUMN A			
<b>TOTAL AMOUNT DUE:</b>					

\*Base Pay shall include total Base Wages paid for straight time and overtime only, but shall not include Vacation and Holiday, Insurance, Pension, Annuity, International Pension, Working Dues, Industry Advancement, PPA, International Appr Training Fund or M.U.S.T. contributions.

**INSTRUCTIONS**

- Complete two copies of this form. Make check payable to **Cement Masons' F.B.F.** Keep one copy for your records. Mail one copy with your check to:

**Chase Bank**  
Attn: Cement Masons' F.B.F.  
Dept. 78015, P.O. Box 78000  
Detroit, MI 48278-0015

- If payment is not made by 15th of the month, simple interest will be assessed at the rate of 12% per annum.

- Explain adjustments on reverse side and attach variance notice, if applicable.

**IMPORTANT**

**FEDERAL LAW REQUIRES EACH EMPLOYER TO FURNISH THE FOLLOWING INFORMATION**

If no men were employed during the month please complete:

- Inactive this month
- No longer working in area
- Final Report - give reason

By filing this form, the undersigned employer confirms that he or it has agreed to make employee fringe benefit contributions, the detailed basis of which is as set out above.

SIGNATURE

**OPCMIA LOCAL #514 Apprentice  
CEMENT MASONS' FRINGE BENEFIT FUNDS  
SANILAC COUNTY**

**FORM SANILAC CNTY APPRENTICE - EMPLOYEE DETAIL  
REPORT FOR EMPLOYER'S MONTHLY FRINGE BENEFIT  
REPORT**

OPCMIA LOCAL #514 CONTRACTOR'S NAME

WORK MONTH

EMPLOYEE'S NAME

SOCIAL  
SECURITY  
NUMBER

COLUMN A

HOURS  
WORKED

COLUMN B

HOURS  
PAID

COLUMN C  
TOTAL BASE PAY

Base Pay shall include total Base Wages paid for straight time and overtime only, but shall not include Vacation and Holiday, Insurance, Pension, Annuity, International Pension, Working Dues, Industry Advancement, PPA, International Appr Training Fund or M.U.S.T. contributions.

LAST

INITIALS

ENTER TOTAL HOURS WORKED, HOURS PAID AND BASE PAY ON  
FRONT SIDE OF THIS FORM ON LINES PROVIDED

**TOTALS:**