OPCMIA LOCAL #514 Journeyman

CEMENT MASONS' FRINGE BENEFIT FUNDS DETROIT and VICINITY

FORM FIRST SHIFT JOURNEYMAN REV. 06/23

NAME					CODE NO.				WORKE	D MONTH/YEAR		RE	EQUEST FOR	FORMS
												FORM FIR	ST SHIFT	
ADDRESS					TELEPHONE							O O O KITE!		
CITY AND ST	ATE			ZIP	REPORT DATE				Report All Weekly The a	Payroll Period bove Month	ls Ending In	NUMBER O PAGES IN T REPORT		
PLEASE	INDICAT	TE THE	COLLECTIVE BARGA FRINGE BE						PLACING A MARK				ON. THEN	INSERT THE
Check Section	Section	С	OMMERCIAL AGREEMENT	S Effective Dates	Health & Welfare	Vacation	Pension	Annuity	International Pension	Int'l Appr Trng Fund	Appr.	Working Dues	Industry Advmt.	M.U.S.T
	Α		Contractors - Associate al Contractors of Michi	d lun-23	\$7.60	\$5.20 HOURS PAID	\$9.04 HOURS PAID	\$2.56 HOURS WORKED	\$1.10 HOURS WORKED	\$.08 HOURS WORKED	\$.45 HOURS WORKED	\$1.44 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	A 1						\$.08 HOURS WORKED	\$.45 HOURS WORKED	\$1.44 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED			
	В		Contractors - Associa ete Contractors of Mich		\$7.60 HOURS WORKED	\$5.20 HOURS PAID	\$9.04 HOURS PAID	\$2.56 HOURS WORKED	\$1.10 HOURS WORKED	\$.08 HOURS WORKED	\$.45 HOURS WORKED	\$1.44 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED
TOTAL HO		ORKED	FROM	0.00	TOTAL HOU	RS PAID FRO	ОМ		0.00					
FRING		EFIT	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTI			TOTAL		ADJU	STMENTS	3	A	MOUNT	DUE
HEALTH an	d WELFA	RE	\$7.60	HOURS V		\$		0.00	\$			\$		0.00
VACATIO	N		\$5.20	HOURS				0.00						0.00
PENSION			\$9.04	HOURS				0.00						0.00
ANNUITY			\$2.56	HOURS V				0.00						0.00
INTERNAT'	L PENSIO	N	\$1.10	HOURS V COLU				0.00						0.00
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APPRENT	ICESHIP		\$0.45	HOURS V COLU				0.00						0.00
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M.U.S.T			\$0.05	HOURS V COLU				0.00						0.00
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	Make che Masons'	two copeck paya F.B.F. rds. Ma	RUCTIONS pies of this form. able to Cement Keep one copy for all one copy with your use Bank	TO FUR	AL LAW REQU NISH THE FOI n were emplo	LLOWING INF	EMPLOYER	e complete:	agree		ployee fring			that he or it has ne detailed basis
					Inactive this No longer w	month orking in area	a							
	Attn: Cement Masons' F.B.F. Dept. 78015, P.O. Box 78000 Detroit, MI 48278-0015 2 If payment is not made by 15th of the month, simple interest will be assessed at the rate of 12% per annum. 3 Explain adjustments on reverse side				Final Report	- give reasor	1					SIGNATURE		
		h varian	nts on reverse side ice notice, if											

OPCMIA LOCAL #514 <u>Journeyman</u> 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		K MONTH	DETAIL REPORT FOR EMPLOYER'S MONTHLY			
0		1	an-00	FRINGE BENEFIT REPORT			
0		3.	COLUMN A	COLUMN B			
EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	HOURS WORKED	HOURS PAID			
LAST	INITIALS						
ENTER TOTAL HOURS WORKED AND HO	IIIPS PAID						
ON FRONT SIDE OF THIS FORM ON LINES		TOTALS:	0.00	0.00			

OPCMIA LOCAL #514 <u>Journeyman</u>

CEMENT MASONS' FRINGE BENEFIT FUNDS DETROIT and VICINITY

FORM SPECIAL SHIFT JOURNEYMAN REV. 06/23

ADDRESS						CODE NO.				WOR	KED MONTH/TEA	K	FORM SPECIAL SHIFT JOURNEYMAN			
ADDRESS	ATE				ZIP	TELEPHONE REPORT DATE					Veekly Payroll		NUMBER PAGES IN	OF		
5						NEI ONI BATE				Ending Ir	n The above M	lonth	REPORT	11110		
PLEAS	E INDICA		E COLLECTIVE BARG												ION. THEN	
Check Section	Section	(COMMERCIAL AGREEMENT	s	Effective Dates	Health & Welfare	Vacation	Pension	Annuity	International Pension	Int'l Appr Trng Fund	Appr.	Working Dues	Industry Advmt.	M.U.S.T	
	Α		Contractors - Associate al Contractors of Michi		Jun-23	\$7.60 HOURS WORKED	\$5.20 HOURS PAID	\$9.04 HOURS PAID	\$2.56 HOURS WORKED	\$1.10 HOURS WORKED	\$.08 HOURS WORKED	\$.45 HOURS WORKED	\$1.60 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED	
	A1 CAM Contractors - Construction Association of Michigan		Jun-23	\$7.60 HOURS WORKED	\$5.20 HOURS PAID	\$9.04 HOURS PAID	\$2.56 HOURS WORKED	\$1.10 HOURS WORKED	\$.08 HOURS WORKED	\$.45 HOURS WORKED	\$1.60 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED			
	В		Contractors - Associa		Jun-23	\$7.60 HOURS WORKED	\$5.20 HOURS PAID	\$9.04 HOURS PAID	\$2.56 HOURS WORKED	\$1.10 HOURS WORKED	\$.08 HOURS WORKED	\$.45 HOURS WORKED	\$1.60 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED	
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PENSION			\$9.04		HOURS COLUM											
ANNUITY			\$2.56	F	HOURS WO											
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	Attn:		t Masons' F.B.F.		-	Inactive this	month									
Dept. 78015, P.O. Box 78000				No longer wo	_											
1	Detroit, MI 48278-0015 2 If payment is not made by 15th of the month, simple interest will be assessed at the rate of 12% per annum.				Final Report	- give reasoi	n					SIGNATURE				
3 Explain adjustments on reverse side and attach variance notice, if applicable.																

OPCMIA LOCAL #514 Journeyman CEMENT MASONS' FRINGE BENEFIT FUNDS

CEMENT MASO		E BENEFIT FUNDS	S	FORM SPECIAL SHIFT JOURNEYMAN - EMPLOYER DETAIL REPORT FOR				
OPCMIA LOCAL #514 CONTRACTOR	'S NAME	WORK	монтн	EMPLOYER'S MONTHLY FRINGE BENEFIT REPORT				
			COLUMN A		COLUMN B			
EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	HOURS WORKED		HOURS PAID			
LAST	INITIALS							
ENTED TOTAL HOUSE WORKER AND U	OUDS BAID							
ENTER TOTAL HOURS WORKED AND H ON FRONT SIDE OF THIS FORM ON LINE		TOTALS:						

OPCMIA LOCAL #514 Foreman

CEMENT MASONS' FRINGE BENEFIT FUNDS DETROIT and VICINITY

FORM FIRST SHIFT FOREMAN REV. 06/23

ADDDEGO	DDRESS					TELEPHONE				WORKEL		FORM FIRST SHIFT FOREMAN			
CITY AND ST	ATE					REPORT DATE				Report All Weekly F The ab	Payroll Period pove Month	ds Ending In	NUMBER O PAGES IN T REPORT		
PLEAS	E INDICA		E COLLECTIVE BARG												ION. THEN
Check Section	Section		COMMERCIAL AGREEMEN	rs	Effective Dates	Health & Welfare	Vacation	Pension	Annuity	International Pension	Int'l Appr Trng Fund	Appr.	Working Dues	Industry Advmt.	M.U.S.T
	Α		Contractors - Associate al Contractors of Michi		Jun-23	\$7.60 HOURS WORKED	\$5.20 HOURS PAID	\$9.04 HOURS PAID	\$2.56 HOURS WORKED	\$1.10 HOURS WORKED	\$.08 HOURS WORKED	\$.45 HOURS WORKED	\$1.50 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	A 1		Contractors - Construction of Michigan	tion	Jun-23	\$7.60 HOURS WORKED	\$5.20 HOURS PAID	\$9.04 HOURS PAID	\$2.56 HOURS WORKED	\$1.10 HOURS WORKED	\$.08 HOURS WORKED	\$.45 HOURS WORKED	\$1.50 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	В		Contractors - Associa		Jun-23	\$7.60 HOURS WORKED	\$5.20 HOURS PAID	\$9.04 HOURS PAID	\$2.56 HOURS WORKED	\$1.10 HOURS WORKED	\$.08 HOURS WORKED	\$.45 HOURS WORKED	\$1.50 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED
TOTAL HO		ORKED	FROM			TOTAL HO	JRS PAID F	ROM							
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	E BENI FUND	EFII	Contribution Rates From Applicable Section (See Above)		MULTIPY			TOTAL			STMENTS	.		MOUNT	DUE
HEALTH an	d WELFA	RE	\$7.60	HC	OURS WO		\$			\$			\$		
VACATION	ACATION \$5.20			HOURS P COLUMN	ΙB										
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ANNUITY			\$2.56		OURS WO	IA									
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1.1	Complete		RUCTIONS pies of this form.		FEDERAL		MPORTA	NT :H EMPLOY	EP.						
	Make che Masons'	eck paya	able to Cement Keep one copy for all one copy with your					INFORMAT		agreed to		oyee fringe b			nat he or it has detailed basis of
	check to:				If no men		oyed during	the month	please						
	Attn:		se Bank it Masons' F.B.F.			Inactive this	s month								
	Dept	. 78015	, P.O. Box 78000			No longer w	orking in a	rea							
Dept. 78015, P.O. Box 78000 Detroit, MI 48278-0015 2 If payment is not made by 15th of the month, simple interest will be assessed at the rate of 12% per annum.						Final Repor	t - give reas	son				s	IGNATURE		
;	annum. 3 Explain adjustments on reverse side and attach variance notice, if applicable.														

OPCMIA LOCAL #514 Foreman CEMENT MASONS' FRINGE BENEFIT FUNDS

DETROIT and VICINITY

FORM FIRST SHIFT FOREMAN -EMPLOYEE DETAIL REPORT FOR EMPLOYER'S MONTHLY ERINGE RENEET REPORT

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

OPCMIA LOCAL #514 Foreman

CEMENT MASONS' FRINGE BENEFIT FUNDS DETROIT and VICINITY

FORM SPECIAL SHIFT FOREMAN REV. 06/23 **EMPLOYERS MONTHLY** FRINGE BENEFIT REPORT

	DETITION and VIOLATI		
NAME	CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS
			FORM SPECIAL SHIFT FOREMAN
ADDRESS	TELEPHONE		FOREIMAN
			NUMBER OF
CITY AND STATE ZIP	REPORT DATE	The above Month	PAGES IN THIS REPORT

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 COMMERCIAL AGREEMENTS Health & Welfare Vacation Pension International Pension M.U.S.T Annuity Working Dues \$7.60 \$5.20 \$9.04 \$2.56 \$1.10 \$.08 \$.45 \$1.66 \$.15 \$.05 AGC Contractors - Associated Jun-23 Α HOURS HOURS PAID HOURS HOURS WORKED HOURS HOURS WORKED HOURS General Contractors of Michigan PAID WORKED WORKED WORKED WORKED WORKED WORKED \$7.60 \$2.56 \$1.10 \$.45 \$.05 \$5.20 \$9.04 \$.08 \$1.66 \$.15 CAM Contractors - Construction **A**1 HOURS WORKED Jun-23 HOURS WORKED HOURS WORKED Association of Michigan WORKED \$1.10 ACCM Contractors - Associated В Jun-23 HOURS HOURS HOURS PAID HOURS HOURS WORKED HOURS HOURS WORKED HOURS HOURS Concrete Contractors of Michigan WORKED PAID WORKED WORKED WORKED WORKED WORKED TOTAL HOURS WORKED FROM TOTAL HOURS PAID FROM COLUMN A: COLUMN B: Enter Below the **FRINGE BENEFIT** Contribution Rates MULTIPY BY TOTAL **ADJUSTMENTS** AMOUNT DUE From Applicable Section **FUND** HOURS WORKED \$ \$ \$ HEALTH and WELFARE \$7.60 COLUMN A HOURS PAID VACATION \$5.20 COLUMN B **HOURS PAID** PENSION \$9.04 COLUMN B HOURS WORKED ANNUITY \$2.56 COLUMN A HOURS WORKED INTERNAT'L PENSION \$1.10 COLUMN A HOURS WORKED INT'L APPR TRNG FUND \$0.08 COLUMN A HOURS WORKED APPRENTICESHIP \$0.45 COLUMN A HOURS WORKED WORKING DUES \$1.66 COLUMN A HOURS WORKED INDUSTRY ADVMT. \$0.15 COLUMN A HOURS WORKED M.U.S.T \$0.05 COLUMN A TOTAL AMOUNT DUE: INSTRUCTIONS **IMPORTANT** 1 Complete two copies of this form. FEDERAL LAW REQUIRES EACH EMPLOYER Make check payable to **Cement** By filing this form, the undersigned employer confirms that he or it has agreed TO FURNISH THE FOLLOWING INFORMATION Masons' F.B.F. Keep one copy for to make employee fringe benefit contributions, the detailed basis of which is as your records. Mail one copy with your set out above. check to: If no men were employed during the month please complete: Attn: Cement Masons' F.B.F. nactive this month Dept. 78015, P.O. Box 78000 No longer working in area Detroit, MI 48278-0015 Final Report - give reason 2 If payment is not made by 15th of the month, simple interest will be assessed at the rate of 12% per annum. 3 Explain adjustments on reverse side and attach variance notice, if applicable.

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	WORK	MONTH	MONTHLY FRINGE BENEFIT REPORT				
			COLUMN A	COLUMN B			
EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	HOURS WORKED	HOURS PAID			
LAST	INITIALS						
ENTER TOTAL HOURS WORKED AND H ON FRONT SIDE OF THIS FORM ON LINES		TOTALS:					

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

FORM APPRENTICE
REV 06/23
EMPLOYERS MONTHLY

EMPLOYERS MONTHLY FRINGE BENEFIT REPORT

NAME					CODE NO.				WORKED MON	NTH/YEAR	REQUEST FOR FORMS		
											FORM A	PPRENTICI	■ □
ADDRESS					TELEPHON	E							
CITY AND S	TATE			ZIP	REPORT DA	ATE			Report All Wee Periods Endi above M	ng In The	NUMBER (PAGES IN REPORT	-	
PLE			HE COLLECTIVE BARGAIN I INSERT THE FRINGE BEN										
Check Section	Section		COMMERCIAL AGREEMENTS	Effec Date		Vacation	Pension	Annuity	International Pension	Int'l Appr Trng Fund	Working Dues	Industry Advmt.	M.U.S.T.
	Α		ontractors - Associated Gene tors of Michigan	Jun	\$7.60 HOURS WORKED	13% BASE PAY	24.6% BASE PAY	\$2.56 HOURS WORKED	\$1.10 HOURS WORKED	\$.08 HOURS WORKED	4% BASE PAY	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	A 1		ontractors - Construction tion of Michigan	Jun	\$7.60 HOURS WORKED	13% BASE PAY	24.6% BASE PAY	\$2.56 HOURS WORKED	\$1.10 HOURS WORKED	\$.08 HOURS WORKED	4% BASE PAY	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	В		Contractors - Associated Contractors of Michigan	ncrete Jun	\$7.60 HOURS WORKED	13% BASE PAY	24.6% BASE PAY	\$2.56 HOURS WORKED	\$1.10 HOURS WORKED	\$.08 HOURS WORKED	4% BASE PAY	\$.15 HOURS WORKED	\$.05 HOURS WORKED
TOT	AL HOU	JRS W	ORKED FROM COLUI	MN A:			TOTAL	BASE PA	Y* FROM CO	LUMN B:			
FRING	GE BEN FUND	IEFIT	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTI	PLY BY		TOTAL		ADJUSTI	MENTS	Al	MOUNT D	UE
HEALTH a	nd WELFA	RE	\$7.60		WORKED JMN A	\$			\$		\$		
VACATIO	N		13.00%	COL	E PAY JMN B								
PENSION	l		24.60%	COL	E PAY JMN B								
ANNUITY	•		\$2.56	HOURS WORKED COLUMN A									
INTERNAT	'L PENSIO	N	\$1.10	HOURS WORKED COLUMN A									
INT'L APPI	R TRNG FL	UND	\$0.08	COL	WORKED JMN A								
WORKIN	G DUES		4.00%	COL	E PAY JMN B								
INDUSTR	Y ADVM	т.	\$0.15	COL	WORKED JMN A								
M.U.S.T.			\$0.05		WORKED JMN A								
									TOTAL AMO	UNT DUE:			
			Base Wages paid for straig				clude Vacation	on and Holida	y, Insurance, Pe	ension, Annu	uity, Internati	onal Pensio	n, Working
	Complete check pa	INS e two cop ayable to	TRUCTIONS ies of this form. Make Cement Masons' F.B.F. r your records. Mail one	FEDE TO F	RAL LAW RE JRNISH THE men were em	IMPORTA QUIRES EA FOLLOWING	CH EMPLOY	TION	confi fringe	rms that he	form, the or it has ag ontributions, ut above.	reed to mak	e employee
			hase Bank	comp		thic manth							
			ent Masons' F.B.F. 15, P.O. Box 78000	-		this month er working in	n area						
2	month, s	ent is no simple int	, MI 48278-0015 of made by 15th of the derest will be assessed at er annum.		oort - give re					SIGNATU	IRE		
3	-	-	nts on reverse side and otice, if applicable.										
			OPCMIA LOCA	L #514 _. A	<u>PPREN</u> T	ICE_							

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

OPCMIA LOCAL #514 CONTRACTOR'S NAME

WORK MONTH

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

 			COLUMN A	COLUMN B
				TOTAL BASE PAY
EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	HOURS WORKED	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, Inernational Appr Training Fund or M.U.S.T. contributions.
LAST	INITIALS			
ENTER TOTAL HOURS WORKED AND BASE PAY O OF THIS FORM ON LINES PROVIDED		TOTALS:		

OPCMIA LOCAL #514 Journeyman

CEMENT MASONS' FRINGE BENEFIT FUNDS ST. CLAIR & SANILAC COUNTIES

FORM ST. CLAIR/SAN FIRST SHIFT JOURNEYMAN REV. 06/23

ADDRESS						TELEPHONE				-	ED MONTH/TEA	`	FORM ST. CL CNTY FIRST JOURNEYMA	SHIFT	
CITY AND STATE				ZIP		REPORT DATE				Report All Weekly The	/ Payroll Perio above Month	ds Ending In	NUMBER OF PAGES IN TH REPORT	s	
PLEASE INDI	ICATE T	THE CC	DLLECTIVE BARGAINII BENI							ACING A MARK B			TE SECTION.	THEN INSERT	THE FRINGE
Check Section Sec	ection	(COMMERCIAL AGREEMENT		ective ates	Health & Welfare	Vacation	Pension	Annuity	International Pension	Int'l Appr Trng Fund	Appr.	Working Dues	Industry Advmt.	M.U.S.T
			ontractors - Associated al Contractors of Michiga		n-23	\$7.60 HOURS WORKED	\$2.06 HOURS PAID	\$9.04 HOURS PAID	\$2.31 HOURS WORKED	\$1.10 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$1.44 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED
A			ontractors - Construction	on Ju	n-23	\$7.60 HOURS WORKED	\$2.06 HOURS PAID	\$9.04 HOURS PAID	\$2.31 HOURS WORKED	\$1.10 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$1.44 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED
ı			Contractors - Associate te Contractors of Michigan		n-23	\$7.60 HOURS WORKED	\$2.06 HOURS PAID	\$9.04 HOURS PAID	\$2.31 HOURS WORKED	\$1.10 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$1.44 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED
TOTAL HOURS	S WORK	KED FF	ROM			TOTAL HOU	RS PAID FRO	M	'				1		
FRINGE B		-IT	Enter Below the Contribution Rates From Applicable Section (See Above)	MU	LTIP	Y BY		TOTAL		ADJI	JSTMENT	6	-	MOUNT D	JE
HEALTH and W	WELFAR	RE	\$7.60		RS WO	ORKED IN A	\$			\$			\$		
VACATION			\$2.06	НС	OLUM	PAID									
PENSION			\$9.04	НС	OLUM OLUM	PAID									
ANNUITY			\$2.31	HOU		ORKED									
INTERNAT'L PE	ENSION	1	\$1.10	HOU		ORKED									
INT'L APPR TR	RNG FUI	ND	\$0.07	HOU		ORKED									
APPRENTICES	SHIP		\$0.45		RS WO	ORKED IN A									
WORKING DUE	ES		\$1.44		RS WO	ORKED IN A									
INDUSTRY AD\	VMT.		\$0.15		RS WO	ORKED IN A									
M.U.S.T.			\$0.05		RS WO	ORKED IN A									
											TOTAL AM	OUNT DUE:			
chec F.B.I Mail 2 If pa mont the ra 3 Expla	Attn: C Dept. Detayment ayment th, simplerate of 1.	Chaster of the control of the contro	UCTIONS as of this form. Make ement Masons' opy for your records. your check to: se Bank t Masons' F.B.F. P.O. Box 78000 Ill 48278-0015 made by 15th of the est will be assessed at annum. s on reverse side and ice, if applicable.	то	FURN	LAW REQUIR ISH THE FOLL were employed Inactive this No longer wo Final Report	OWING INFO d during the month orking in area	IPLOYER RMATION month please	e complete:						it has agreed to nich is as set out
allac	• andi		, п аррионю.												

OPCMIA LOCAL #514 Journeyman FORM ST. CLAIR/SANILAC CNTY **CEMENT MASONS' FRINGE BENEFIT FUNDS** FIRST SHIFT JOURNEYMAN -ST. CLAIR & SANILAC COUNTIES **EMPLOYEE DETAIL REPORT** OPCMIA LOCAL #514 CONTRACTOR'S NAME WORK MONTH FOR EMPLOYER'S MONTHLY FRINGE BENEFIT REPORT COLUMN A COLUMN B SOCIAL SECURITY NUMBER HOURS PAID EMPLOYEE'S NAME HOURS WORKED LAST INITIALS

TOTALS:

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

OPCMIA LOCAL #514 Journeyman

CEMENT MASONS' FRINGE BENEFIT FUNDS ST. CLAIR & SANILAC COUNTIES

FORM ST. CLAIR/SAN SPECIAL SHIFT JOURNEYMAN REV. 06/23

NDDRESS					CODE NO. TELEPHONE				WORKE	D MONTH/YEA	R	FORM ST. CLAIR/SANILAC CNTY SPECIAL SHIFT JOURNEYMAN		
CITY AND ST.	ATE			ZIP	REPORT DATE				Report All Weekly The a	Payroll Perio bove Month	ds Ending In	NUMBER OF PAGES IN TH REPORT		
PLEAS	SE INDICAT	TE THE (COLLECTIVE BARGAIN BEN						ACING A MARK BEF			SECTION. T	HEN INSERT TH	IE FRINGE
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M.U.S.T.			\$0.05	HOURS WC										
										TOTAL AN	OUNT DUE:			
	check paya	wo copie able to C o	UCTIONS so of this form. Make ement Masons'			IMPORTAN RES EACH EM LOWING INFOR	PLOYER		By filing thi	s form the u	ndersigned em	plover confirms	that he or it has	agreed to make
			opy for your records. your check to:						employee f	ringe benefit	contributions,	the detailed bas	sis of which is as	set out above.
	_		se Bank	If no men	, , I	ed during the r	nonth please	complete:						
			t Masons' F.B.F. P.O. Box 78000		Inactive this									
	Dept. 78015, P.O. Box 78000 Detroit, MI 48278-0015 2 If payment is not made by 15th of the month, simple interest will be assessed at the rate of 12% per annum.				No longer working in area Final Report - give reason							SIGNATURE		
3 Explain adjustments on reverse side and attach variance notice, if applicable.								-						
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OPCMIA LOCAL #514 <u>Journeyman</u> CEMENT MASONS' FRINGE BENEFIT FUNDS ST. CLAIR & SANILAC COUNTIES

FORM ST. CLAIR/SANILAC CNTY SPECIAL SHIFT JOURNEYMAN -

ST. CLAIR	& SANILAC	COUNTIES		EMPLOYEE DETAIL REPORT FOR			
OPCMIA LOCAL #514 CONTRACTOR'S N	AME	WORK	MONTH	EMPLOYER'S MONTHLY FRINGE BENEFIT REPORT			
			COLUMN A	COLUMN B			
EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	HOURS WORKED	HOURS PAID			
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ENTER TOTAL HOURS WORKED AND HOURS PA		TOTALO					
SIDE OF THIS FORM ON LINES PROVIDE		TOTALS:					

OPCMIA LOCAL #514 <u>Foreman</u>

CEMENT MASONS' FRINGE BENEFIT FUNDS ST. CLAIR & SANILAC COUNTIES

FORM ST. CLAIR/SAN FIRST SHIFT FOREMAN REV. 06/23

	CODE NO. TELEPHONE				WORF	KED MONTH/TEA		FORM ST. CLAIR/SANILAC CNTY FIRST SHIFT FOREMAN			
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ACCM Contractors - Associated Concrete Contractors of Michigan			\$2.06 HOURS PAID	\$9.04 HOURS PAID	\$2.31 HOURS WORKED	\$1.10 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$1.50 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED
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OPCMIA LOCAL #514 Foreman CEMENT MASONS' FRINGE BENEFIT FUNDS ST. CLAIR & SANILAC COUNTIES

FORM ST. CLAIR/SANILAC CNTY FIRST SHIFT FOREMAN -

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OPCMIA LOCAL #514 <u>Foreman</u>

CEMENT MASONS' FRINGE BENEFIT FUNDS ST. CLAIR & SANILAC COUNTIES

FORM ST. CLAIR/SAN SPECIAL SHIFT FOREMAN REV. 06/23

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AGC Contractors - Associated General Contractors of Michigan Jun-23			\$7.60 HOURS WORKED	\$2.06 HOURS PAID	\$9.04 HOURS PAID	\$2.31 HOURS WORKED	\$1.10 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$1.66 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED		
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check payable to Cement Masons' F.B.F. Keep one copy for your records. Mail one copy with your check to:					RES EACH EM LOWING INFO ed during the month orking in area	IPLOYER RMATION month please	e complete:	By filing this form, the undersigned employer confirms that he or it has make employee fringe benefit contributions, the detailed basis of which out above.						
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OPCMIA LOCAL #514 Foreman FORM ST. CLAIR/SANILAC CEMENT MASONS' FRINGE BENEFIT FUNDS **CNTY SPECIAL SHIFT** ST. CLAIR & SANILAC COUNTIES FOREMAN - EMPLOYEE DETAIL REPORT FOR EMPLOYER'S OPCMIA LOCAL #514 CONTRACTOR'S NAME WORK MONTH MONTHLY FRINGE BENEFIT REPORT COLUMN A COLUMN B SOCIAL SECURITY NUMBER HOURS WORKED EMPLOYEE'S NAME HOURS PAID LAST INITIALS

TOTALS:

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

OPCMIA LOCAL #514 <u>APPRENTICE</u>

CEMENT MASONS' FRINGE BENEFIT FUNDS ST. CLAIR & SANILAC COUNTIES

FORM ST. CLAIR/SAN APPRENTICE REV. 06/23

IVAINE						CODE NO.				FORM ST. CLAIR/SANILAC CNTY APPRENTICE							
ADDRESS						TELEPHONE					Report All Weekly Payroll Periods						
CITY AND STATE ZIP						REPORT DATE					Ending In The above Month PAGES IN THIS REPORT						
PLEASE	INDICATE	THE C	OLLECTIVE BARGAIN FRINGE BEN					WAS PERFORM TION IN THE SI						ECTION. THEN	N INSERT THE		
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	AGC Contractors - Associated General Contractors of Michigan Jun-23			n-23	\$7.60 HOURS WORKED	\$2.06 HOURS PAID	24.6% BASE PAY	\$1.1 HOUF WORK	RS	\$.07 HOURS WORKED	\$2.31 HOURS WORKED	4% BASE PAY	\$.15 HOURS WORKED	\$.05 HOURS WORKED			
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Make about noveble to Coment					LAW REQUIR				By filing this form, the undersigned employer confirms that he or it ha agreed to make employee fringe benefit contributions, the detailed basi								
Masons' F.B.F. Keep one copy for				FUKNI	SH THE FOLL	DWING INFOR	MATION										
your records. Mail one copy with your check to:					men	were employe	during the m	onth please co	mnlete:		of which is as	set out above.					
Chase Bank					were employed	a during the m	onth please co	inpiete.									
Attn: Cement Masons' F.B.F.					Inactive this r												
Dept. 78015, P.O. Box 78000 Detroit, MI 48278-0015						No longer wo Final Report -	_						SIGNATURE				
2 If payment is not made by 15th of the month, simple interest will be assessed at the rate of 12% per annum.						i mai neport	give reason										
			nts on reverse side														
		varian	ce notice, if														

OPCMIA LOCAL #514 Apprentice CEMENT MASONS' FRINGE BENEFIT FUNDS ST. CLAIR & SANILAC COUNTIES

FORM ST. CLAIR/SANILAC CNTY APPRENTICE - EMPLOYEE

JI. CLAII	V & SAIVILAC	DETAIL REPORT FOR EMPLOYER'S MONTHLY FRINGE							
OPCMIA LOCAL #514 CONTRACTOR	SNAME	WORK MC	ONTH	BENEFIT REPORT					
		COLUMN A	COLUMN B	COLUMN C TOTAL BASE PAY					
EMPLOYEE'S NAME	SOCIAL SECURITY NUMBER	HOURS WORKED	HOURS PAID	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, In					
LAST	INITIALS								
	AND DAGE								
ENTER TOTAL HOURS WORKED, HOURS PAID ON FRONT SIDE OF THIS FORM ON LINES	TOTALS:								