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 FI	RST SHIFT		
ADDRESS						TELEPHONE							JOURNE	TWAN		
CITY AND ST	ГАТЕ			ZIP		REPORT DATE				Report All Weekly The a	Payroll Periods above Month	s Ending In	NUMBER (PAGES IN REPORT			
PLEASE	INDICAT	TE THE	COLLECTIVE BARGA FRINGE BI							Y PLACING A MARK S PROVIDED AT THE				TION. THEN	N INSERT THE	
Check Section	Section	c	COMMERCIAL AGREEMENT		fective 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 Michigan	ed	un-21	\$7.08 HOURS WORKED	\$4.55 HOURS PAID	\$8.77 HOURS PAID	\$2.12 HOURS WORKED	\$.99 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$1.44 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED	
	A 1		Contractors - Constructiation of Michigan	tion Ju	un-21	\$7.08 HOURS WORKED	\$4.55 HOURS PAID	\$8.77 HOURS PAID	\$2.12 HOURS WORKED	\$.99 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$1.44 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED	
	В		Contractors - Associate Contractors of Mich	1 111	un-21	\$7.08 HOURS WORKED	\$4.55 HOURS PAID	\$8.77 HOURS PAID	\$2.12 HOURS WORKED	\$.99 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$1.44 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED	
TOTAL HO		ORKED	FROM			TOTAL HOUF	RS PAID FRO	S PAID FROM			1	I.				
FRING	FRINGE BENEFIT FUND Enter Below the Contribution Rates From Applicable Section (See Above)				ULTII	PY BY		TOTAL		ADJU	JSTMENTS		AMOUNT DUE			
HEALTH a	EALTH and WELFARE \$7.08				JRS W	/ORKED MN A	\$			\$			\$			
VACATIO	ACATION \$4.55				OURS											
PENSION	<u> </u>		\$8.77		OURS											
ANNUITY			\$2.12		JRS W	/ORKED MN A										
INTERNA	T'L PENS	SION	\$0.99		JRS W	/ORKED MN A										
INT'L APF	PR TRNG	FUND	\$0.07		HOURS WORKED COLUMN A											
APPRENT	FICESHIF	•	\$0.45		JRS W	/ORKED MN A										
WORKING	G DUES		\$1.44	C	COLU											
INDUSTR	Y ADVM	Г.	\$0.15	C	COLU											
M.U.S.T			\$0.05		JRS W COLUM	/ORKED MN A										
											TOTAL AMO	UNT DUE:				
	INSTRUCTIONS 1 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.			то	IMPORTANT FEDERAL LAW REQUIRES EACH EMPLOYER TO FURNISH THE FOLLOWING INFORMATION If no men were employed during the month please complete:				By filing this form, the undersigned employer confirms that he or it I agreed to make employee fringe benefit contributions, the detailed basis which is as set out above.							
	Attn: Cement Masons' F.B.F.			-		Inactive this I		9								
	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 Report	-					Si	GNATURE			
	 annum. Explain adjustments on reverse side and attach variance notice, if applicable. 															

OPCMIA LOCAL #514 Journeyman CEMENT MASONS' FRINGE BENEFIT FUNDS

DETROIT and VICINITY

FORM FIRST SHIFT JOURNEYMAN - EMPLOYEE
DETAIL REPORT FOR

OPCMIA LOCAL #514 CONTRACTOR	S NAME	WORK	(MONTH	EMPLOYER'S 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 HO	OURS PAID	TOTALO		
ON FRONT SIDE OF THIS FORM ON LINES		TOTALS:		

> 3 Explain adjustments on reverse side and attach variance notice, if

applicable.

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

FORM SPECIAL SHIFT JOURNEYMAN REV. 06/21

EMPLOYERS MONTHLY

	****			CE	MEN!	MASO	N2. FK	INGEB	ENEFII	FUNDS			FRINGE BI	ENEFII KE	PORT
						DET	ROIT ar	nd VICIN	ITY						
NAME						CODE NO.				WOR	RKED MONTH/YEAR	₹		PECIAL SH	
ADDRESS						TELEPHONE							JOURNE	YWAN	
CITY AND S	TATE				ZIP	REPORT DATE					Weekly Payroll n The above M		NUMBER PAGES IN REPORT		
PLEA	SE INDIC		E COLLECTIVE BAR NSERT THE FRINGE												TION. THEN
Check	Section		COMMERCIAL AGREEMEN	TS	Effective	Health & Welfare	Vacation	Pension	Annuity	International	Int'l Appr Trng	Appr.	Working	Industry	M.U.S.T
Section					Dates	67.00	64.55	¢0.77	-	Pension	Fund		Dues	Advmt.	£ 0.5
	Α		Contractors - Associate al Contractors of Mich		Jun-21	\$7.08 HOURS WORKED	\$4.55 HOURS PAID	\$8.77 HOURS PAID	\$2.12 HOURS WORKED	\$.99 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$1.60 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	A 1		Contractors - Construction of Michigan	ction	Jun-21	\$7.08 HOURS WORKED	\$4.55 HOURS PAID	\$8.77 HOURS PAID	\$2.12 HOURS WORKED	\$.99 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$1.60 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	В		1 Contractors - Associate Contractors of Mic		Jun-21	\$7.08 HOURS WORKED	\$4.55 HOURS PAID	\$8.77 HOURS PAID	\$2.12 HOURS WORKED	\$.99 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$1.60 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED
TOTAL H	Enter Below the					TOTAL HOU	RS PAID FROM								
	RINGE BENEFIT FUND Enter Below the Contribution Rates From Applicable Section (See Above) HULT				MULTIP	Y BY		TOTAL		AD	s	AMOUNT DUE			
HEALTH	(See Above) ALITH and WELFARE \$7.08 HOURS				HOURS W		\$			\$			\$		
VACATIO	N		\$4.55		HOURS COLUM	JMN B									
PENSION	I		\$8.77		HOURS COLUM										
ANNUITY	•		\$2.12	F	HOURS W										
INTERNA	T'L PENS	ION	\$0.99	F	HOURS WORKED COLUMN A										
INT'L API	PR TRNG	FUND	\$0.07	F	HOURS W										
APPREN'	TICESHIP		\$0.45	F	HOURS W										
WORKIN	G DUES		\$1.60	ŀ	HOURS W										
INDUSTR	Y ADVMT		\$0.15	F	HOURS W										
M.U.S.T			\$0.05	F	HOURS W										
											TOTAL AMO	UNT DUE:			
1	Make check payable to Cement Masons' F.B.F. Keep one copy for your records. Mail one copy with your					IMPORTANT RAL LAW REQUIRES EACH EMPLOYER RNISH THE FOLLOWING INFORMATION				has		nake empl	oyee fringe	benefit co	rms that he or it ontributions, the
	Chase Bank Chase Bank Attn: Cement Masons' F.B.F.				complete	nen were employed during the month please ete:									
າ	Dept. 78015, P.O. Box 78000 Detroit, MI 48278-0015				_	o longer working in area nal Report - give reason				SIGNATURE					
2	2 If payment is not made by 15th of the month, simple interest will be assessed at the rate of 12% per														

OPCMIA LOCAL #514 Journeyman CEMENT MASONS' FRINGE BENEFIT FUNDS

JOURNEYMAN - EMPLOYEE **DETROIT and VICINITY** DETAIL REPORT FOR OPCMIA LOCAL #514 CONTRACTOR'S NAME **EMPLOYER'S MONTHLY** 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:

FORM SPECIAL SHIFT

OPCMIA LOCAL #514

Foreman

CEMENT MASONS' FRINGE BENEFIT FUNDS DETROIT and VICINITY

FORM FIRST SHIFT FOREMAN REV. 06/21

NAME					CODE NO.			WORKED MONTH/YEAR			REQUEST FOR FORMS			
4DDD500					TELEDIJONE							FORM FIR		
ADDRESS					TELEPHONE									
CITY AND ST	ГАТЕ			ZIP	REPORT DATE				Report All Weekly F The at	Payroll Period bove Month	ls Ending In	NUMBER O PAGES IN T REPORT		
PLEAS	SE INDICA		E COLLECTIVE BARG											TION. THEN
Check Section	Section		COMMERCIAL AGREEMEN	TS 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 Mich	ed Jun-21	\$7.08	\$4.55 HOURS PAID	\$8.77 HOURS PAID	\$2.12 HOURS WORKED	\$.99 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$1.50 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	A 1		Contractors - Construction of Michigan	Jun-21	\$7.08 HOURS WORKED	\$4.55 HOURS PAID	\$8.77 HOURS PAID	\$2.12 HOURS WORKED	\$.99 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$1.50 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	В		Contractors - Associate Contractors of Mich		\$7.08 HOURS WORKED	\$4.55 HOURS PAID	\$8.77 HOURS PAID	\$2.12 HOURS WORKED	\$.99 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$1.50 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED
TOTAL H		ORKED	FROM		TOTAL HO	URS PAID F	ROM							
FRING	E BENI FUND	EFIT	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIP		TOTAL			ADJU	STMENTS		AMOUNT DUE		
HEALTH :	and WEL	FARE	\$7.08	HOURS W		\$			\$			\$		
VACATIO	ACATION \$4.55				PAID IN B									
PENSION	l		\$8.77	HOURS COLUM	IN B									
ANNUITY			\$2.12	HOURS W	IN A									
INTERNA	T'L PENS	ION	\$0.99	HOURS W	IN A									
INT'L APF	PR TRNG	FUND	\$0.07	HOURS W	IN A									
APPRENT	TICESHIP		\$0.45	HOURS W	IN A									
WORKING	G DUES		\$1.50	HOURS W										
INDUSTR	Y ADVMT	Г.	\$0.15	HOURS W										
M.U.S.T			\$0.05	HOURS W										
										TOTAL AMO	UNT DUE:			
		INSTE	UCTIONS			MPORTA	NT]					
	Mala abada a sababa ta Camant					UIRES EAC	H EMPLOY		By filling this form, the undersigned employer confirms that he or it hagreed to make employee fringe benefit contributions, the detailed basis					
	your records. Mail one copy with your				en were empl te:	oyed during	g the month	please	which is a	as set out ab	ove.			
	Attn: Cement Masons' F.B.F.				Inactive this									
	Dept. 78015, P.O. Box 78000				- ĭ	vorking in a			SIGNATURE					
	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 reason									
	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

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

DETROIT and VICINITY		
CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS
TELEPHONE		FORM SPECIAL SHIFT FOREMAN
	Report All Weekly Payroll Periods Ending In	NUMBER OF

ADDRESS				TE	TELEPHONE							FOREMAN			
CITY AND STATE ZIP						PORT DATE				Report All Weekl		ods Ending In	NUMBER OF		
										The	above Month		REPORT		
PLEASI	E INDICAT	TE THE	COLLECTIVE BARG FRINGE E							BY PLACING A MA S PROVIDED AT 1				ION. THEN	INSERT THE
Check Section	Section	C	COMMERCIAL AGREEMENT	rs Effec	ctive tes He	ealth & Welfare	Vacation	Pension	Annuity	International Pension	Int'l Appr Trng Fund	Appr.	Working Dues	Industry Advmt.	M.U.S.T
	Α		ontractors - Associate al Contractors of Michi		n-21	\$7.08 HOURS WORKED	\$4.55 HOURS PAID	\$8.77 HOURS PAID	\$2.12 HOURS WORKED	\$.99 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$1.66 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	A 1		ontractors - Construct ation of Michigan	tion Jun	n-21	\$7.08 HOURS WORKED	\$4.55 HOURS PAID	\$8.77 HOURS PAID	\$2.12 HOURS WORKED	\$.99 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$1.66 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	В		Contractors - Associa te Contractors of Mich	lun	n-21	\$7.08 HOURS WORKED	\$4.55 HOURS PAID	\$8.77 HOURS PAID	\$2.12 HOURS WORKED	\$.99 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$1.66 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED
TOTAL HO		RKED	FROM			OTAL HOU	JRS PAID FROM :					1			
	E BENE FUND	FIT	Enter Below the Contribution Rates From Applicable Section (See Above)	MUL	.TIPY	вү	TOTAL			ADJ	USTMENT	s	AMOUNT DUE		
HEALTH a	and WELF	ARE	\$7.08		HOURS WORKED COLUMN A					\$			\$		
/ACATIOI	N		\$4.55	HOURS PAID COLUMN B											
ENSION \$8.77					HOURS PAID COLUMN B										
ANNUITY			\$2.12		HOURS WORKED COLUMN A										
NTERNA	Γ'L PENS	ION	\$0.99	HOURS WORKED COLUMN A											
NT'L APP	R TRNG	FUND	\$0.07		HOURS WORKED COLUMN A										
APPRENT	ICESHIP		\$0.45		HOURS WORKED COLUMN A										
WORKING	DUES		\$1.66		S WOR										
NDUSTR	Y ADVMT		\$0.15	HOUR: CO	S WOR										
M.U.S.T			\$0.05		S WOR										
											TOTAL AM	OUNT DUE:			
INSTRUCTIONS 1 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				то г	IMPORTANT FEDERAL LAW REQUIRES EACH EMPLOYER TO FURNISH THE FOLLOWING INFORMATION If no men were employed during the month please complete:						employee fring				or it has agreed sis of which is as
Attn: Cement Masons' F.B.F.					_	active 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						SI	GNATURE			
Explain adjustments on reverse side and attach variance notice, if applicable.										1					

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	SNAME	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 06/21
EMPLOYERS MONTHLY
FRINGE BENEFIT REPORT

NAME	RESS						CODE NO. TELEPHONE					FORM APPRENTICE		
CITY AND ST	TATE			ZIF	,	REPORT DAT	Ē			Report All Wee Periods Endi above M	ng In The	NUMBER (PAGES IN REPORT		
PLE			IE COLLECTIVE BARGAIN INSERT THE FRINGE BEI											
Check Section	Section		COMMERCIAL AGREEMENTS		Effective Dates	Health & Welfare	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-21	\$7.08 HOURS WORKED	13% BASE PAY	24.6% BASE PAY	\$2.12 HOURS WORKED	\$.99 HOURS WORKED	\$.07 HOURS WORKED	4% BASE PAY	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	A 1		ontractors - Construction tion of Michigan		Jun-21	\$7.08 HOURS WORKED	13% BASE PAY	24.6% BASE PAY	\$2.12 HOURS WORKED	\$.99 HOURS WORKED	\$.07 HOURS WORKED	4% BASE PAY	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	В		Contractors - Associated Co tors of Michigan	ncrete	Jun-21	\$7.08 HOURS WORKED	13% BASE PAY	24.6% BASE PAY	\$2.12 HOURS WORKED	\$.99 HOURS WORKED	\$.07 HOURS WORKED	4% BASE PAY	\$.15 HOURS WORKED	\$.05 HOURS WORKED
TOT	AL HOU	JRS WO	ORKED FROM COLU	MN A:				TOTAL E	BASE PA	Y* FROM CO	LUMN B:			
	SE BEN FUND	IEFIT	Enter Below the Contribution Rates From Applicable Section (See Above)	MU	LTIPL	Y BY		TOTAL			MENTS	AN	UE	
HEALTH :	and WEL	FARE	\$7.08	IRS WO		\$			\$		\$			
VACATIO	N		13.00%		BASE PA									
PENSION	l		24.60%		BASE PA									
ANNUITY			\$2.12		IRS WO									
NTERNA	T'L PENS	SION	\$0.99		IRS WO									
NT'L APF	PR TRNG	FUND	\$0.07		IRS WO									
WORKING	3 DUES		4.00%		BASE PA									
NDUSTR	Y ADVM	г.	\$0.15		IRS WO									
M.U.S.T.			\$0.05	HOU	IRS WO	RKED								
										TOTAL AMO	UNT DUE:			
			Base Wages paid for straig t, PPA, Internnational Appr					lude Vacatio	on and Holida	y, Insurance, Pe	nsion, Annu	ity, Internation	onal Pension	n, Working
	,		TRUCTIONS	ĬГ				NT		7				
1 Complete two copies of this form. Make						IMPORTANT DERAL LAW REQUIRES EACH EMPLOYER FURNISH THE FOLLOWING INFORMATION					ms that he benefit co	form, the or it has agrontributions,	eed to mak	e employee
	Chase Bank comp						loyed durin	g the month	n please	wnicr	is as set o	ui above.		
	Attn: Cement Masons' F.B.F.						is month							
	Dept. 78015, P.O. Box 78000 Detroit. MI 48278-0015					_	working in			SIGNATURE				
	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 reason								
	3 Explain adjustments on reverse side and attach variance notice, if applicable.									-				
					4 6 5 5	DE: :=:	0 -							

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, In
LAST	INITIALS			
ENTER TOTAL HOURS WORKED AND BASE PAY	ON FRONT SIDE	TOTALO		
OF THIS FORM ON LINES PROVIDE		TOTALS:		

OPCMIA LOCAL #514 <u>Journeyman</u> CEMENT MASONS' FRINGE BENEFIT FUNDS ST. CLAIR COUNTY

FORM ST. CLAIR CNTY FIRST SHIFT JOURNEYMAN REV. 06/21

NAME					CODE NO.				WORKE	D MONTH/YEA	R	FORM ST. C	EQUEST FOR FOR	RMS	
ADDRESS					TELEPHONE								T JOURNEYMA	N L	
CITY AND STA	ATE			ZIP	REPORT DATE				Report All Weekly The a	Payroll Perio	ds Ending In	NUMBER OF PAGES IN TH REPORT	IS		
PLEASE	INDICATE	THE CO	DLLECTIVE BARGAINII BENI						ACING A MARK BE OVIDED AT THE BO			TE SECTION.	THEN INSERT	THE FRINGE	
Check Section	Section	(COMMERCIAL AGREEMENT	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 - Associated al Contractors of Michig		\$7.08 HOURS WORKED	\$1.41 HOURS PAID	\$8.77 HOURS PAID	\$1.86 HOURS WORKED	\$.99 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$.1.44 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED	
	A 1		Contractors - Construction of Michigan	Jun-21	\$7.08 HOURS WORKED	\$1.41 HOURS PAID	\$8.77 HOURS PAID	\$1.86 HOURS WORKED	\$.99 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$.1.44 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED	
	В		Contractors - Associate te Contractors of Michi		\$7.08 HOURS WORKED	\$1.41 HOURS PAID	\$8.77 HOURS PAID	\$1.86 HOURS WORKED	\$.99 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$.1.44 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED	
TOTAL HO		KED F	ROM	'	TOTAL HOU COLUMN B:	RS PAID FRO	М	'				'			
FRING	E BENE FUND	FIT	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIF			TOTAL			ADJUSTMENTS			AMOUNT DUE		
HEALTH a	nd WELFA	RE	\$7.08	HOURS W COLUM		\$			\$			\$			
VACATION	ACATION \$1.41				PAID IN B										
PENSION					PAID IN B										
ANNUITY			\$1.86	HOURS W COLUM											
INTERNAT	'L PENSIO	N	\$0.99	HOURS W COLUM											
INT'L APPR	R TRNG F	JND	\$0.07	HOURS W COLUM											
APPRENTI	CESHIP		\$0.45	HOURS W COLUM											
WORKING	DUES		\$1.44	HOURS W COLUM											
INDUSTRY	ADVMT.		\$0.15	HOURS W COLUM											
M.U.S.T.			\$0.05	HOURS W COLUM											
										TOTAL AM	OUNT DUE:				
INSTRUCTIONS 1 Complete two copies of this form. Make				FEDERA	IMPORTANT FEDERAL LAW REQUIRES FACH EMPLOYER										
	F.B.F. Kee	ep one c	ement Masons' opy for your records. your check to:		DERAL LAW REQUIRES EACH EMPLOYER DEFINISH THE FOLLOWING INFORMATION				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 ou above.						
	Chase Bank				were employe	-	month pleas	e complete:							
	Attn: Cement Masons' F.B.F. Dept. 78015, P.O. Box 78000				-		1								
					No longer working in area Final Report - give reason							SIGNATURE			

OPCMIA LOCAL #514 Journeyman FORM ST. CLAIR CNTY FIRST **CEMENT MASONS' FRINGE BENEFIT FUNDS** SHIFT JOURNEYMAN -ST. CLAIR COUNTY **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 WORKED HOURS PAID EMPLOYEE'S NAME LAST INITIALS

TOTALS:

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

OPCMIA LOCAL #514 <u>Journeyman</u> CEMENT MASONS' FRINGE BENEFIT FUNDS ST. CLAIR COUNTY

FORM ST. CLAIR CNTY SPECIAL SHIFT JOURNEYMAN REV. 06/21

ADDRESS					TELEPHONE							FORM ST. CLAIR CNTY SPECIAL SHIFT JOURNEYMAN			
CITY AND STA	ATE			ZIP	REPORT DATE				Report All Weekl The	y Payroll Perio above Month	ds Ending In	NUMBER OF PAGES IN TH REPORT	IS		
PLEAS	E INDICAT	E THE	COLLECTIVE BARGAII	NING AGREEMENT								E SECTION. TI	HEN INSERT TI	HE FRINGE	
Check Section	Section	(COMMERCIAL AGREEMENT	TS 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 - Associated al Contractors of Michig		\$7.08 HOURS WORKED	\$1.41 HOURS PAID	\$8.77 HOURS PAID	\$1.86 HOURS WORKED	\$.99 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$.1.60 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED	
	A 1		Contractors - Construction of Michigan	Jun-21	\$7.08 HOURS WORKED	\$1.41 HOURS PAID	\$8.77 HOURS PAID	\$1.86 HOURS WORKED	\$.99 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$.1.60 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED	
	В		Contractors - Associate Contractors of Michi		\$7.08 HOURS WORKED	\$1.41 HOURS PAID	\$8.77 HOURS PAID	\$1.86 HOURS WORKED	\$.99 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$.1.60 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED	
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FRING	E BENE FUND	FIT	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIP		TOTAL			ADJUSTMENTS			AMOUNT DUE			
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PENSION			\$8.77	HOURS F											
ANNUITY			\$1.86	HOURS WO											
NTERNAT	'L PENSIO	N	\$0.99	HOURS WO											
NT'L APPF	R TRNG FL	JND	\$0.07	HOURS WO											
APPRENTI	CESHIP		\$0.45	HOURS WO											
WORKING	DUES		\$1.60	HOURS WO											
NDUSTRY	ADVMT.		\$0.15	HOURS WO	N A										
M.U.S.T.			\$0.05	HOURS WO											
										TOTAL AN	OUNT DUE:				
check payable to Cement Masons' F.B.F. Keep one copy for your records. Mail one copy with your check to:					IMPORTANT LAW REQUIRES EACH EMPLOYER SH THE FOLLOWING INFORMATION were employed during the month please complete: Inactive this month No longer working in area Final Report - give reason						contributions,		that he or it has	agreed to make set out above.	

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

TOTALS:

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

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

FORM ST. CLAIR CNTY FIRST SHIFT FOREMAN REV. 06/21

NAME					CODE NO.				work.	CED MONTH/TEA		FORM ST. CLAIR CNTY FIRST SHIFT FOREMAN			
ADDRESS					TELEPHONE				Report All Week	ly Payroll Perio	ds Ending In	NUMBER OF			
CITY AND STA	TΕ			ZIP	REPORT DATE					above Month		PAGES IN TH REPORT	IIS		
PLEASE	INDICATE	THE C	OLLECTIVE BARGAINI BEN						CING A MARK BE			E SECTION. T	HEN INSERT	THE FRINGE	
Check Section	Section		COMMERCIAL AGREEMENT	rs Effectiv		Vacation	Pension	Annuity	International Pension	Int'l Appr Trng Fund	Appr.	Working Dues	Industry Advmt.	M.U.S.T	
	Α		Contractors - Associated al Contractors of Michiga		\$7.08 HOURS WORKED	\$1.41 HOURS PAID	\$8.77 HOURS PAID	\$1.86 HOURS WORKED	\$.99 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$.1.50 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED	
	A 1		Contractors - Construction of Michigan	Jun-2	\$7.08 HOURS WORKED	\$1.41 HOURS PAID	\$8.77 HOURS PAID	\$1.86 HOURS WORKED	\$.99 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$.1.50 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED	
	В		Contractors - Associate ete Contractors of Michigan		\$7.08	\$1.41 HOURS PAID	\$8.77 HOURS PAID	\$1.86 HOURS WORKED	\$.99 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$.1.50 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED	
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FRING	(See Above)					PY BY TOTAL			ADJ	USTMENT	s	AMOUNT DUE			
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WORKING	DUES		\$1.50		WORKED JMN A										
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M.U.S.T.			\$0.05		WORKED JMN A										
										TOTAL AM	OUNT DUE:				
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(check paya	able to C	Cement Masons'		AL LAW REQUI				By filing this form, the undersigned employer confirms that he or it has agree						
	F.B.F. Keep one copy for your records. Mail one copy with your check to:								make er out abov		benefit contr	ibutions, the de	tailed basis of	f which is as set	
						ed during the I	month please	complete:							
	Attn: Cement Masons' F.B.F.					month									
	Dept. 78015, P.O. Box 78000					_			SIGNATURE						
	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						OIGHATORE			
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OPCMIA LOCAL #514 Foreman CEMENT MASONS' FRINGE BENEFIT FUNDS ST. CLAIR COUNTY

FORM ST. CLAIR CNTY FIRST SHIFT FOREMAN - EMPLOYEE

	ST. CLAIR COU	NTY		DETAIL REPORT FOR
OPCMIA LOCAL #514 CONTRAC	CTOR'S NAME	WORK I	MONTH	EMPLOYER'S MONTHLY FRINGE BENEFIT REPORT
EMPLOYEE'S NAME	E	SOCIAL SECURITY NUMBER	COLUMN A HOURS WORKED	COLUMN B HOURS PAID
LAST	INITIALS			
			1	
NTER TOTAL HOURS WORKED AND HO	OURS PAID ON FRONT			
SIDE OF THIS FORM ON LINES		TOTALS:		

OPCMIA LOCAL #514 <u>Foreman</u> CEMENT MASONS' FRINGE BENEFIT FUNDS ST. CLAIR COUNTY

FORM ST. CLAIR CNTY SPECIAL SHIFT FOREMAN REV. 06/21

COMMERCIAL AGREEMENTS Contractors - Associated ral Contractors of Michiga Contractors - Construction ciation of Michigan M Contractors - Associate rete Contractors of Michigan Enter Below the Contribution Rates From Applicable Section (See Above)	Jun-21 Jun-21 Jun-21 Jun-21	Health & Welfare \$7.08 HOURS WORKED \$7.08 HOURS WORKED \$7.08 HOURS WORKED \$7.08 HOURS WORKED TOTAL HOU		Pension \$8.77 HOURS PAID \$8.77 HOURS PAID \$8.77 HOURS PAID \$8.77		CING A MARK BE	above Month	APPROPRIAT	NUMBER OF PAGES IN THI REPORT	S	THE FRINGE M.U.S.T \$.05
COMMERCIAL AGREEMENTS Contractors - Associated ral Contractors of Michiga Contractors - Construction ciation of Michigan M Contractors - Associated rete Contractors of Michigan Enter Below the Contribution Rates From Applicable Section (See Above)	GAGREEMENT UNIT CONTRIBUTIO Effective Dates Jun-21 Jun-21 Jun-21	Health & Welfare \$7.08 HOURS WORKED	Vacation \$1.41 HOURS PAID \$1.41 HOURS PAID \$1.41 HOURS PAID	Pension \$8.77 HOURS PAID \$8.77 HOURS PAID \$8.77 HOURS PAID \$8.77	SPACES PRO Annuity \$1.86 HOURS WORKED \$1.86 HOURS	CING A MARK BE VIDED AT THE BO International Pension \$.99 HOURS WORKED	FORE THE ADTOM OF T Int'l Appr Trng Fund \$.07 HOURS	APPROPRIAT THIS FORM Appr. \$.45 HOURS	PAGES IN THI REPORT TE SECTION. T Working Dues \$.1.66 HOURS	Industry Advmt. \$.15 HOURS	м.u.s.т \$.05
COMMERCIAL AGREEMENTS Contractors - Associated ral Contractors of Michiga Contractors - Construction ciation of Michigan M Contractors - Associated rete Contractors of Michigan Enter Below the Contribution Rates From Applicable Section (See Above)	Jun-21 Jun-21 Jun-21 Jun-21	Health & Welfare \$7.08 HOURS WORKED \$7.08 HOURS WORKED \$7.08 HOURS WORKED \$7.08 HOURS WORKED TOTAL HOU	Vacation \$1.41 HOURS PAID \$1.41 HOURS PAID \$1.41 HOURS PAID	Pension \$8.77 HOURS PAID \$8.77 HOURS PAID \$8.77 HOURS PAID \$8.77	SPACES PRO Annuity \$1.86 HOURS WORKED \$1.86 HOURS	International Pension \$.99 HOURS WORKED	Int'l Appr Trng Fund \$.07 HOURS	Appr. \$.45 HOURS	Working Dues \$.1.66 HOURS	Industry Advmt. \$.15 HOURS	м.u.s.т \$.05
Contractors - Associated ral Contractors of Michiga Contractors - Construction ciation of Michigan M Contractors - Associated rete Contractors of Michigan Enter Below the Contribution Rates From Applicable Section (See Above)	Jun-21 Jun-21 Jun-21 Jun-21	\$7.08 HOURS WORKED \$7.08 HOURS WORKED \$7.08 HOURS WORKED TOTAL HOU	\$1.41 HOURS PAID \$1.41 HOURS PAID \$1.41 HOURS	\$8.77 HOURS PAID \$8.77 HOURS PAID \$8.77 \$9.00 \$8.77	\$1.86 HOURS WORKED \$1.86 HOURS	\$.99 HOURS WORKED	\$.07 HOURS	\$.45 HOURS	\$.1.66 HOURS	\$.15 HOURS	\$.05
Contractors of Michiga Contractors - Construction ciation of Michigan M Contractors - Associate rete Contractors of Michigan FROM Enter Below the Contribution Rates From Applicable Section (See Above)	Jun-21	**T.08 HOURS WORKED **T.08 HOURS WORKED **T.08 HOURS WORKED **T.04 HOURS WORKED **T.04 HOURS WORKED **T.05	\$1.41 HOURS PAID \$1.41 HOURS PAID \$1.41 HOURS	\$8.77 HOURS PAID \$8.77 HOURS PAID \$8.77	HOURS WORKED \$1.86 HOURS	HOURS WORKED	\$.07 HOURS	HOURS	HOURS	\$.15 HOURS	
Ciation of Michigan M Contractors - Associate rete Contractors of Michig FROM Enter Below the Contribution Rates From Applicable Section (See Above)	j Jun-21	**T.08 HOURS WORKED **T.08 HOURS WORKED **TOTAL HOU	HOURS PAID \$1.41 HOURS	HOURS PAID \$8.77	HOURS	\$ 00				WORKED	HOURS WORKED
FROM Enter Below the Contribution Rates From Applicable Section (See Above)	an Jun-21	HOURS WORKED	HOURS		1	HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$.1.66 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED
Enter Below the Contribution Rates From Applicable Section (See Above)				HOURS PAID	\$1.86 HOURS WORKED	\$.99 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$.1.66 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED
Contribution Rates From Applicable Section (See Above)			RS PAID FROI	M	1						
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RUCTIONS bies of this form. Make Cement Masons' copy for your records. n your check to: ase Bank nt Masons' F.B.F. 5, P.O. Box 78000 MI 48278-0015 t made by 15th of the prest will be assessed at er annum. hts on reverse side and office. if applicable.	If no men	SH THE FOLI were employed Inactive this No longer w	RES EACH EM LOWING INFOR ed during the r month orking in area	PLOYER RMATION month please	e complete:	make e	mployee fring				
as nt 5, Milere	\$7.08 \$1.41 \$8.77 \$1.86 \$0.99 \$0.07 \$0.45 \$1.66 \$0.15 \$0.05 JCTIONS s of this form. Make ment Masons' ppy for your records. our check to: the Bank Masons' F.B.F. P.O. Box 78000 148278-0015 made by 15th of the st will be assessed at annum.	\$7.08 \$1.41 HOURS WC COLUMN \$1.41 HOURS P COLUMN \$8.77 HOURS P COLUMN \$1.86 HOURS WC COLUMN \$0.99 HOURS WC COLUMN \$0.07 HOURS WC COLUMN \$0.45 HOURS WC COLUMN \$1.66 HOURS WC COLUMN \$1.66 HOURS WC COLUMN \$0.15 HOURS WC COLUMN \$0.05 HOURS WC COLUMN \$1.66 HOURS WC COLUMN TO FURNI TO	\$7.08 \$1.41 \$1.41 COLUMN B \$8.77 HOURS PAID COLUMN B \$1.86 HOURS WORKED COLUMN B \$1.86 HOURS WORKED COLUMN A \$0.99 HOURS WORKED COLUMN A \$0.07 HOURS WORKED COLUMN A \$0.45 HOURS WORKED COLUMN A \$0.45 HOURS WORKED COLUMN A \$1.66 HOURS WORKED COLUMN A \$0.15 HOURS WORKED COLUMN A \$0.05 HOURS WORKED COLUMN A \$0.05 FEDERAL LAW REQUIF TO FURNISH THE FOLIOUT CHECK to: If no men were employed to find the st will be assessed at annum. on reverse side and	\$7.08 HOURS WORKED COLUMN A \$1.41 HOURS PAID COLUMN B \$8.77 HOURS PAID COLUMN B \$1.86 HOURS WORKED COLUMN A \$0.99 HOURS WORKED COLUMN A \$0.07 HOURS WORKED COLUMN A \$0.45 HOURS WORKED COLUMN A \$1.66 HOURS WORKED COLUMN A \$1.66 HOURS WORKED COLUMN A \$0.15 HOURS WORKED COLUMN A \$0.05 HOURS WORKED COLUMN A FOLUMN A ### HOURS WORKED COLUMN A ### HOURS	\$7.08 HOURS WORKED COLUMN A \$1.41 HOURS PAID COLUMN B \$8.77 HOURS PAID COLUMN B \$1.86 HOURS WORKED COLUMN A \$0.99 HOURS WORKED COLUMN A \$0.07 HOURS WORKED COLUMN A \$0.45 HOURS WORKED COLUMN A \$1.66 HOURS WORKED COLUMN A \$1.66 HOURS WORKED COLUMN A \$1.66 HOURS WORKED COLUMN A \$0.15 HOURS WORKED COLUMN A \$0.15 HOURS WORKED COLUMN A \$0.05 HOURS WORKED COLUMN A ### TO FURNISH THE FOLLOWING INFORMATION Of the st will be assessed at annum. Image: Column A	\$7.08 HOURS WORKED COLUMN A \$1.41 HOURS PAID COLUMN B \$8.77 HOURS PAID COLUMN B \$1.86 HOURS WORKED COLUMN A \$0.99 HOURS WORKED COLUMN A \$0.07 HOURS WORKED COLUMN A \$0.45 HOURS WORKED COLUMN A \$0.45 HOURS WORKED COLUMN A \$0.15 HOURS WORKED COLUMN A \$0.15 HOURS WORKED COLUMN A \$0.05 HOURS WORKED COLUMN A \$0.05 HOURS WORKED COLUMN A FEDERAL LAW REQUIRES EACH EMPLOYER TO FURNISH THE FOLLOWING INFORMATION IMPORTANT FO 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 Final Report - give reason	\$7.08 \$1.41 HOURS PAID COLUMN B \$8.77 HOURS PAID COLUMN B \$1.86 HOURS WORKED COLUMN A \$0.99 HOURS WORKED COLUMN A \$0.07 HOURS WORKED COLUMN A \$0.45 HOURS WORKED COLUMN A \$0.45 HOURS WORKED COLUMN A \$1.66 HOURS WORKED COLUMN A \$0.15 HOURS WORKED COLUMN A \$0.15 HOURS WORKED COLUMN A \$0.15 FEDERAL LAW REQUIRES EACH EMPLOYER TO FURNISH THE FOLLOWING INFORMATION By filing make e out about the month please complete: If no men were employed during the month please complete: Inactive this month No longer working in area Final Report - give reason	\$7.08 HOURS WORKED COLUMN A \$1.41 HOURS PAID COLUMN B \$8.77 HOURS PAID COLUMN B \$1.86 HOURS WORKED COLUMN A \$0.99 HOURS WORKED COLUMN A \$0.07 HOURS WORKED COLUMN A \$0.45 HOURS WORKED COLUMN A \$1.66 HOURS WORKED COLUMN A \$0.15 COLUMN A \$0.15 COLUMN A \$0.05 HOURS WORKED COLUMN A \$0.06 FOR THE POLICY OF THE POL	\$7.08 \$1.41 HOURS WORKED COLUMN B \$8.77 HOURS PAID COLUMN B \$1.86 HOURS WORKED COLUMN B \$0.99 HOURS WORKED COLUMN A \$0.07 HOURS WORKED COLUMN A \$0.45 HOURS WORKED COLUMN A \$0.45 HOURS WORKED COLUMN A \$1.66 HOURS WORKED COLUMN A \$0.15 HOURS WORKED COLUMN A \$0.15 HOURS WORKED COLUMN A \$0.16 FOR WORKED COLUMN A \$0.17 FOR AN OR AN O	\$7.08 HOURS WORKED COLUMN A \$1.41 HOURS PAID COLUMN B \$8.77 HOURS PAID COLUMN B \$1.86 HOURS WORKED COLUMN A \$0.99 HOURS WORKED COLUMN A \$0.99 HOURS WORKED COLUMN A \$0.45 HOURS WORKED COLUMN A \$1.66 COLUMN A \$1.66 HOURS WORKED COLUMN A \$1.66 HOURS WORKED COLUMN A \$0.15 HOURS WORKED COLUMN A \$0.05 HOURS WORKED COLUMN A \$0.05 HOURS WORKED COLUMN A \$0.06 HOURS WORKED COLUMN A \$0.07 HOURS WORKED COLUMN A \$0.08 HOURS WORKED COLUMN A \$0.09 HOURS WORKED COLUMN A \$0.15 HOURS WORKED COLUMN A \$0.15 HOURS WORKED COLUMN A \$0.16 HOURS WORKED COLUMN A \$0.17 HOURS WORKED COLUMN A \$0.18 HOURS WORKED COLUMN A \$0.19 HOURS WORKED COLUMN A \$0.19 HOURS WORKED COLUMN A \$0.19 HOURS WORKED COLUMN A \$0.10 HOURS WORKED COLUMN A \$0.15 HOURS WORKED	\$7.08 \$1.41 HOURS WORKED COLUMN B \$1.86 HOURS WORKED COLUMN A \$0.99 HOURS WORKED COLUMN A \$0.07 HOURS WORKED COLUMN A \$0.45 HOURS WORKED COLUMN A \$0.45 HOURS WORKED COLUMN A \$0.15 HOURS WORKED COLUMN A \$0.15 HOURS WORKED COLUMN A \$0.05 HOURS WORKED COLUMN A \$0.15 HOURS WORKED COLUMN A \$0.15 FOLUMN A TOTAL AMOUNT DUE: Important

OPCMIA LOCAL #514 Foreman CEMENT MASONS' FRINGE BENEFIT FUNDS

FORM ST. CLAIR CNTY SPECIAL SHIFT FOREMAN -

S	T. CLAIR COU	NTY		SPECIAL SHIFT FOREMAN - EMPLOYEE DETAIL REPORT
OPCMIA LOCAL #514 CONTRACTOR		WORK	MONTH	FOR EMPLOYER'S MONTHLY FRINGE BENEFIT REPORT
EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	COLUMN A HOURS WORKED	COLUMN B HOURS PAID
LAST	INITIALS			
ENTER TOTAL HOURS WORKED AND HOURS	S PAID ON FRONT			
SIDE OF THIS FORM ON LINES PRO		TOTALS:		

NAME

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

CEMENT MASONS' FRINGE BENEFIT FUNDS ST. CLAIR COUNTY

CODE NO.

FORM ST. CLAIR CNTY APPRENTICE
REV. 06/21

REQUEST FOR FORMS

EMPLOYERS MONTHLY FRINGE BENEFIT REPORT

WORKED MONTH/YEAR

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Section		COMMERCIAL AGREEMENT	S Effective	Health & Welfare	Vacation	Pension			Int'l Appr Trng Fund	Annuity	Working Dues	Industry Advmt.	M.U.S.T.
Α			d lun-21	\$7.08 HOURS	\$1.41 HOURS	24.6% BASE	\$.99 HOUR	s	\$.07 HOURS	\$1.86 HOURS	4% BASE	\$.15 HOURS	\$.05 HOURS WORKED
A 1			ion Jun-21	\$7.08 HOURS	\$1.41 HOURS	24.6% BASE	\$.99 HOUR) S	\$.07 HOURS	\$1.86 HOURS	4% BASE	\$.15 HOURS	\$.05 HOURS
В	ACCM	I Contractors - Associa		\$7.08 HOURS	\$1.41 HOURS	24.6% BASE	\$.99 HOUR) S	\$.07 HOURS	\$1.86 HOURS	4% BASE	\$.15 HOURS	\$.05 HOURS
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Acke check payable to Cement Hours WG COLUM Attn: Cement Masons' F.B.F. Dept. 78015, P.O. Box 78000 Detroit, MI 48278-0015 Deayment is not made by 15th of the onth, simple interest will be assessed the rate of 12% per annum. Plain adjustments on reverse side ded attach variance notice, if	FRINGE BENEFIT CONTRIBUTION RATES FROM COMMERCIAL AGREEMENTS Dates Dates ST.08 Hours WORKED Contractors - Associated General Contractors - Associated General Contractors - Associated General Contractors - Associated General Contractors - Associated Concrete Contractors - Associated Concrete Contractors - Associated Concrete Contractors - Associated Concrete Contractors of Michigan Jun-21 Hours WORKED COLUMN B CONTRACTOR - ASSOCIATED COLUMN B CONTRACTOR - ASSOCIATED COLUMN B COLUMN B CONTRACTOR - ASSOCIATED COLUMN B COLUMN A COLUMN B COLUMN A COLUMN B COLUMN A COLUMN B COLUMN A COLUMN B COLUMN A COLUMN B COLUMN B COLUMN A COLUMN B COLU	FRINGE BENEFIT CONTRIBUTION RATES FROM THAT SECTOM COMMERCIAL AGREEMENTS Section COMMERCIAL AGREEMENTS A GC Contractors - Associated General Contractors of Michigan A1 CAM Contractors - Construction Association of Michigan B ACCM Contractors - Construction Association of Michigan B ACCM Contractors - Associated Concrete Contractors of Michigan B ACCM Contractors - Associated Concrete Contractors of Michigan B ACCM Contractors - Associated Concrete Contractors of Michigan B ACCM Contractors - Associated Concrete Contractors of Michigan B ACCM Contractors - Associated Concrete Contractors of Michigan B ACCM Contractors - Associated Concrete Contractors of Michigan B ACCM Contractors - Associated Concrete Contractors of Michigan B ACCM Contractors - Associated Concrete Contractors of Michigan B ACCM Contractors - Associated Concrete Contractors of Michigan B ACCM Contractors - Associated Concrete Contractors of Michigan B ACCM Contractors - Associated Concrete Contractors of Michigan B ACCM Contractors - Associated Concrete Contractors of Michigan B ACCM Contractors - Associated Concrete Contractors of Michigan B ACCM Contractors - Associated Concrete Contractors of Michigan B ACCM Contractors - Associated Concrete Contractors of Michigan B ACCM Contractors - Associated Concrete Contractors of Michigan B ACCM Contractors - Associated Contractors of Michigan B ACCM Contractors - Associated Contractors of Michigan B ACCM Contractors - Associated Contractors of Mulrs B And Hours Morked Contractors of Mulrs B And Hours B And Hours Morked Contractors of Mulrs B And Hours Morked Contractors of Mulrs B And Hours B And Hours Morked Contractors of	FRINGE BENEFIT CONTRIBUTION RATES FROM THAT SECTION IN THE SF Section COMMERCIAL AGREEMENTS Dates Poats Welfare Vacation Pension Dates A AGC Contractors - Associated General Contractors of Michigan Jun-21 ST.08 St.4.1 24.6% PAU	Section COMMERCIAL AGREMENTS Effective Dates Dat	DICATE THE COLLECTIVE BARGAINING AGREEMENT UNDER WHICH THE WORK WAS PERFORMED BY PLACING FRINGE BENEFIT CONTRIBUTION RATES FROM THAT SECTION IN THE SPACES PROVIDED BENEFIT CONTRIBUTION RATES FROM THAT SECTION IN THE SPACES PROVIDED BENEFIT CONTRIBUTION RATES FROM THAT SECTION IN THE SPACES PROVIDED BENEFIT CONTRIBUTION RATES FROM THAT SECTION IN THE SPACES PROVIDED BENEFIT CONTRIBUTION RATES FROM THAT SECTION IN THE SPACES PROVIDED BENEFIT CONTRIBUTION RATES FROM THAT SECTION IN THE SPACES PROVIDED BENEFIT CONTRIBUTION RATES FROM THAT SECTION IN THE SPACES PROVIDED BENEFIT CONTRIBUTION RATES FROM THAT SECTION IN THE SPACES PROVIDED BENEFIT CONTRIBUTION RATES FROM THAT SECTION IN THE SPACES PROVIDED BENEFIT CONTRIBUTION RATES FROM THAT SECTION IN THE SPACES PROVIDED BENEFIT CONTRIBUTION RATES FROM THAT SECTION IN THE SPACES PROVIDED BENEFIT CONTRIBUTION RATES FROM THAT SECTION IN THE SPACES PROVIDED BENEFIT CONTRIBUTION RATES FROM THAT SECTION IN THE SPACES PROVIDED BENEFIT CONTRIBUTION RATES FROM THAT SECTION IN THE SPACES PROVIDED BENEFIT CONTRIBUTION RATES FROM THAT SECTION IN THE SPACES PROVIDED BASE FOR WORKED COLUMN B. 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OPCMIA LOCAL #514 Apprentice CEMENT MASONS' FRINGE BENEFIT FUNDS ST. CLAIR COUNTY

FORM ST. CLAIR CNTY APPRENTICE - EMPLOYEE DETAIL REPORT FOR EMPLOYER'S MONTHLY FRINGE BENEFIT

OPCMIA LOCAL #514 CONTRACTOR'S	SNAME	WORK MC	DNTH		REPORT
			COLUMN A	COLUMN B	COLUMN C
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, I
LAST	INITIALS				
ON FRONT SIDE OF THIS FORM ON LINES		TOTALS:			

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

CEMENT MASONS' FRINGE BENEFIT FUNDS SANILAC COUNTY

FORM SANILAC CNTY FIRST SHIFT JOURNEYMAN REV. 06/21

ADDRESS					TELEPHONE				_	CD WONTE TEAT			ILAC CNTY T JOURNEYM	AN
CITY AND STATI	E			ZIP	REPORT DATE				- Report All Weekly The	/ Payroll Perio	ods Ending In	NUMBER OF PAGES IN TH REPORT		
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	Α		Contractors - Associated al Contractors of Michiga	Jun-21	\$7.08 HOURS WORKED	\$1.41 HOURS PAID	\$8.77 HOURS PAID	\$1.86 HOURS WORKED	\$.99 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$1.44 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	A 1		Contractors - Constructio ation of Michigan	n Jun-21	\$7.08 HOURS WORKED	\$1.41 HOURS PAID	\$8.77 HOURS PAID	\$1.86 HOURS WORKED	\$.99 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$1.44 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	В		Contractors - Associate ete Contractors of Michig		\$7.08 HOURS WORKED	\$1.41 HOURS PAID	\$8.77 HOURS PAID	\$1.86 HOURS WORKED	\$.99 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$1.44 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED
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M.U.S.T.			\$0.05	HOURS WO										
										TOTAL A	MOUNT DUE:			
2	check paya F.B.F. Kee Mail one co Attn: Dept Do If payment month, sim the rate of	INSTRUCTIONS Complete two copies of this form. Make heck payable to Cement Masons' IB.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 payment is not made by 15th of the nonth, simple interest will be assessed at he rate of 12% per annum. Explain adjustments on reverse side and exceptions of the complete two copies of this form. Make heck payable to Cement Masons' IMPORTANT FEDERAL LAW REQUIRES EACH EMPLOYER TO FURNISH THE FOLLOWING INFORMATION If no men were employed during the month please complete: No longer working in area Final Report - give reason					complete:			benefit contrib			t has agreed to ich is as set out	
	attach varia	ance not	tice, if applicable.											

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

TOTALS:

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

OPCMIA LOCAL #514 <u>Journeyman</u> CEMENT MASONS' FRINGE BENEFIT FUNDS SANILAC COUNTY

FORM SANILAC CNTY SPECIAL SHIFT JOURNEYMAN REV. 06/21

ADDRESS					TELEPHONE				WORKE	ED MONTH/YEA	IR	FORM SANI	EQUEST FOR FOR LAC CNTY IIFT JOURNEY	
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	Α		Contractors - Associated al Contractors of Michiga		\$7.08 HOURS WORKED	\$1.41 HOURS PAID	\$8.77 HOURS PAID	\$1.86 HOURS WORKED	\$.99 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$1.60 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	A 1		Contractors - Constructio	Jun-2	\$7.08 HOURS WORKED	\$1.41 HOURS PAID	\$8.77 HOURS PAID	\$1.86 HOURS WORKED	\$.99 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$1.60 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED
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2	check pays F.B.F. Kee Mail one co Attn: Dept Di If payment month, sim	IMPORTANT ete two copies of this form. Make payable to Cement Masons' Keep one copy for your records. He copy with your check to: Chase Bank Attn: Cement Masons' F.B.F. Dept. 78015, P.O. Box 78000 Detroit, MI 48278-0015 ment is not made by 15th of the simple interest will be assessed at e of 12% per annum. IMPORTANT FEDERAL LAW REQUIRES EACH EMPLOYER TO FURNISH THE FOLLOWING INFORMATION We recomplete: In no men were employed during the month please complete: No longer working in area Final Report - give reason				omplete:						it has agreed to iich is as set out		
			s on reverse side and tice, if applicable.			-								
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OPCMIA LOCAL #514 <u>Journeyman</u> CEMENT MASONS' FRINGE BENEFIT FUNDS

FORM SANILAC CNTY SPECIAL SHIFT JOURNEYMAN -

	SANILAC COU	INTY		SHIFT JOURNEYMAN - EMPLOYEE DETAIL REPORT FOR
OPCMIA LOCAL #514 CONTRACTOR	'S NAME	WORK M	ONTH	EMPLOYER'S 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 HOURS SIDE OF THIS FORM ON LINES PRO		TOTALS:		

OPCMIA LOCAL #514 <u>Foreman</u> CEMENT MASONS' FRINGE BENEFIT FUNDS

FORM SANILAC CNTY FIRST SHIFT FOREMAN REV. 06/21

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NAME						CODE NO.				WORK	ED MONTH/YEAR			REQUEST FOR FOR	MS
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	Α		Contractors - Associated al Contractors of Michigan		Jun-21	\$7.08 HOURS WORKED	\$1.41 HOURS PAID	\$8.77 HOURS PAID	\$1.86 HOURS WORKED	\$.99 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$1.50 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	A 1		Contractors - Construction of Michigan	on	Jun-21	\$7.08 HOURS WORKED	\$1.41 HOURS PAID	\$8.77 HOURS PAID	\$1.86 HOURS WORKED	\$.99 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 FORM SANILAC CNTY FIRST SHIFT CEMENT MASONS' FRINGE BENEFIT FUNDS FOREMAN - EMPLOYEE DETAIL SANILAC COUNTY REPORT FOR EMPLOYER'S MONTHLY FRINGE BENEFIT OPCMIA LOCAL #514 CONTRACTOR'S NAME WORK MONTH REPORT COLUMN A COLUMN B SOCIAL SECURITY NUMBER EMPLOYEE'S NAME HOURS HOURS WORKED PAID INITIALS LAST

TOTALS:

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

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

CEMENT MASONS' FRINGE BENEFIT FUNDS SANILAC COUNTY

FORM SANILAC CNTY SPECIAL SHIFT FOREMAN REV. 06/21

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NAME						CODE NO.				WORK	ED MONTH/YEAR		FORM SANI	REQUEST FOR FORM LAC CNTY HIFT FOREMAN	
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	Α		Contractors - Associated al Contractors of Michiga		Jun-21	\$7.08 HOURS WORKED	\$1.41 HOURS PAID	\$8.77 HOURS PAID	\$1.86 HOURS WORKED	\$.99 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$1.66 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED
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	В		Contractors - Associate ete Contractors of Michigan		Jun-21	\$7.08 HOURS WORKED	\$1.41 HOURS PAID	\$8.77 HOURS PAID	\$1.86 HOURS WORKED	\$.99 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$1.66 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED
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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 reason Final Report - give reason						SIGNATURE									
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OPCMIA LOCAL #514 Foreman FORM SANILAC CNTY SPECIAL **CEMENT MASONS' FRINGE BENEFIT FUNDS** SHIFT FOREMAN - EMPLOYEE **SANILAC COUNTY** DETAIL REPORT FOR **EMPLOYER'S MONTHLY FRINGE** OPCMIA LOCAL #514 CONTRACTOR'S NAME WORK MONTH BENEFIT REPORT COLUMN A COLUMN B SOCIAL SECURITY NUMBER EMPLOYEE'S NAME HOURS HOURS WORKED PAID INITIALS LAST

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 SANILAC COUNTY

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

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DDRESS					TELEPHONE							APPRENTICI	E	
ITY AND STA	TΕ			ZIP	REPORT DATE					ort All Weekly Pay nding In The abov		NUMBER OF PAGES IN THIS REPORT	3	
PLEASI	E INDICAT	E THE	COLLECTIVE BARGAIN FRINGE BEI	NING AGREEMEN' NEFIT CONTRIBU									CTION. THEN I	NSERT THE
Check Section	Section		COMMERCIAL AGREEMENT	rs Effective Dates	Health & Welfare	Vacation	Pension	Internat Pens		Int'l Appr Trng Fund	Annuity	Working Dues	Industry Advmt.	M.U.S.T.
	Α	1	Contractors - Associated al Contractors of Michiga	lun_21	\$7.08 HOURS WORKED	\$1.41 HOURS PAID	24.6% BASE PAY	\$.9 HOU WORK	RS	\$.07 HOURS WORKED	\$1.86 HOURS WORKED	4% BASE PAY	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	A 1		Contractors - Construction of Michigan	Jun-21	\$7.08 HOURS WORKED	\$1.41 HOURS PAID	24.6% BASE PAY	\$.9 HOU WORK	RS	\$.07 HOURS WORKED	\$1.86 HOURS WORKED	4% BASE PAY	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	В		Contractors - Associate ete Contractors of Michigan		\$7.08 HOURS WORKED	\$1.41 HOURS PAID	24.6% BASE PAY	\$.9 HOU WORK	RS	\$.07 HOURS WORKED	\$1.86 HOURS WORKED	4% BASE PAY	\$.15 HOURS WORKED	\$.05 HOURS WORKED
OTAL HO	URS WOR	KED FI	ROM		TOTAL HOU COLUMN B:	IRS PAID FROM	И				TOTAL BAS	E PAY* FROM		
FRING	E BENE UND	FIT	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIF			TOTAL			ADJUSTME			AMOUNT DU	E
IEALTH a	nd WELFA	RE	\$7.08	HOURS W COLUM		\$			\$			\$		
ACATION			\$1.41	HOURS COLUM										
ENSION			24.60%	BASE I COLUM										
NTERNAT	'L PENSIO	N	\$0.99	HOURS W COLUM										
NT'L APPF	TRNG FL	JND	\$0.07	HOURS W COLUM										
NNUITY			\$1.86	HOURS W COLUM										
VORKING	DUES		4.00%	BASE I COLUM										
NDUSTRY	ADVMT.		\$0.15	HOURS W COLUM										
1.U.S.T.			\$0.05	HOURS W COLUM										
										TOTAL AM	IOUNT DUE:			
			ase Wages paid for stra and or M.U.S.T. contribut		me only, but sh	all not include Va	acation and Holi	day, Insura	ince, Pe	nsion, Annuity, In	ternational Pe	nsion, Working D	oues, Industry Ad	vancement, PPA,
	check paya F.B.F. Kee	wo copi able to C ep one c	RUCTIONS es of this form. Make Cement Masons' copy for your records. your check to:		L LAW REQUI	IMPORTANT RES EACH EMI LOWING INFOR	PLOYER							r it has agreed to of which is as set
		Cha	se Bank	If no men	were employe	ed during the n	nonth please o	omplete:						
	Attn:	Cemen	nt Masons' F.B.F.		Inactive this	month								
	-		, P.O. Box 78000			orking in area								
	If payment	is not ple inter	MI 48278-0015 made by 15th of the rest will be assessed at r annum.		Final Repor	t - give reason						SIGNATURE		
			s on reverse side and tice, if applicable.											

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

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

OPCMIA LOCAL #514 CONTRACTOR'S	S NAME	WORK MO	ONTH	- REPOR	T FOR EMPLOYER'S MONTHLY FRINGE 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, Inernational Appr Training Fund or M.U.S.T. contributions.
LAST	INITIALS				
ENTER TOTAL HOURS WORKED, HOURS PAID A FRONT SIDE OF THIS FORM ON LINES P	AND BASE PAY ON PROVIDED	TOTALS:			