

I.B.E.W. LOCAL NO. 81 BENEFIT FUNDS

Monthly Remittance Form

FIRST YEAR APPRENTICE

Fabian & Byrn - 425 Eagle Rock Ave, Ste. 105, Roseland NJ 07068

EMPLOYER:		TAX ID:		REPORT DETAILS	
ADDRESS:				MONTH:	
CITY/STATE/ZIP:				WEEK ENDING:	
PHONE:		EMAIL:		Visiting Employer	Final Report

NOTE: Any supporting schedules to this report must contain all required information as shown below.

SSN	Employee Name	Gross Wages	Regular Hours	1.5	Double Time	Total Hours Work	Total Hours Paid
SUBMIT REPORT MONTHLY. IF NO EMPLOYEES ARE TO BE REPORTED FOR THE MONTH STATE NONE.							

Contribution To:	Total Hours	Straight Time Rate/HR Effective 6/1/17	1.5 Rate/HR Effective 6/1/17	Double Time Rate/HR Effective 6/1/17	Amount
Health and Welfare Fund		\$8.50	\$12.75	\$17.00	
Additional Working Dues		4% of Gross Wages	4% of Goss Wages	4% of Gross Wages	
ALL FRINGE BENEFITS BASED ON HOURS WORKED ARE TO BE PAID AT STRAIGHT TIME, TIME AND ONE HALF, DOUBLE TIME				TOTAL	

Please make one check payable to: I.B.E.W Local No. 81 Benefit Funds
MAIL TO: Fabian & Byrn – 425 Eagle Rock Ave, Ste. 105, Roseland, NJ 07068

Contribution To:	Make Check Payable To:	Total Hours/Gross Wages	Rate/HR Effective 6/1/17	Amount
NEBF	NEBF		3% of Gross Wages	
EPAECAAF	EPAECAAF		.5% of Gross Wages	
NLMCC	NLMCC		\$0.01	
NEIF	PENN-DEL-JERSEY NEIF		.25% of Gross Wages	

Please make separate checks payable to above.
MAIL SEPARATE CHECKS TO: PENN-DEL-JERSEY – 2003 Renaissance Blvd., King of Prussia PA 19406

THE UNDERSIGNED EMPLOYER AGREES THAT IT IS BOUND BY ALL OF THE TERMS OF THE CURRENT COLLECTIVE BARGAINING AGREEMENT BETWEEN THE SCRANTON DIVISION, PENN DEL JERSEY CHAPTER, NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION AND LOCAL UNION 81, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS CONCERNING EMPLOYEE BENEFIT PLANS. THE UNDERSIGNED EMPLOYER FURTHER AGREES THAT IT IS BOUND BY ALL OF THE TERMS OF THE TRUST AGREEMENTS, PLAN AGREEMENTS, OR OTHER PLAN DOCUMENTS GOVERNING THE EMPLOYEE BENEFIT PLANS FOR WHICH CONTRIBUTIONS ARE REQUIRED UNDER THE SAID COLLECTIVE BARGAINING AGREEMENT, INCLUDING ANY AMENDMENTS HEREINAFTER MADE TO SUCH PLAN DOCUMENTS. THE UNDERSIGNED AFFIRMS THAT THIS REPORT IS A TRUE AND CORRECT STATEMENT OF THE DAYS AND HOURS WORKED BY ALL EMPLOYEES FOR WHOM CONTRIBUTIONS ARE DUE FOR THIS REPORTING PERIOD, AND THAT THE SIGNER IS AUTHORIZED TO EXECUTE THIS DOCUMENT ON BEHALF OF THE EMPLOYER.

Signature: _____

By/Title/Date: _____

PAYMENTS ARE DUE BY THE 15TH DAY OF THE FOLLOWING MONTH - CONTRIBUTIONS NOT RECEIVED BY THE DUE DATE WILL RESULT IN ASSESSMENT OF INTEREST AND LIQUIDATED DAMAGES

SUBMIT ONE (1) COPY OF THIS REPORT