CEMENT AND CONCRETE WORKERS DISTRICT COUNCIL
FRINGE BENEFIT FUNDS

DATE RECEIVED BY CEMENT & CONCRETE WORKERS

35-30 Francis Lewis Boulevard • Flushing, N.Y. 11358
Phone: (718) 762-6133 • Fax: (718) 762-5144

A-BOOK

EMPLOYER'S REMITTANCE AGREEMENT AND REPORT
Independent Contractors

A

NEW RATES AS OF 7 / 1 / 2017	
1. Welfare	$8.50
Pension Fund	$8.00
Industry Advancement Program	$0.26
NYSLECET	$0.10
LNHSF	$0.05
Training & Apprenticeship	$0.79
Scholarship	$0.06
Admin. Fee	$0.50
Labor Management Fund	$0.50
2. Total Hours Worked_____ x $18.76	

B

NEW RATES AS OF 7 / 1 / 2017 ANNUITY A-BOOK			
1. Total Straight Time Hours (Mon. - Fri.)	_____	x 7.00 =	_____
2. Total Time & Half Hrs. (Saturday)	_____	x 10.50 =	_____
3. Total Double Time Hrs. (Sun. & Holidays	_____	x 14.00 =	_____
4. Amount Due $	_____		

C

NEW RATES AS OF 7 / 1 / 2017	
1. Vacation Fund	1.50
2. Dues Checkoff	2.00
3. Organizer & NYSLOF & PAC	0.95
4. Total Hours Worked	x 4.45
5. Amount Due $	_____

MAKE ONE CHECK PAYABLE TO CEMENT & CONCRETE FRINGE BENEFIT FUNDS

Amount Due - Part A $ _____
Amount Due - Part B $ _____
Amount Due - Part C $ _____
TOTAL DUE $ _____

ALL INFORMATION BELOW MUST BE FULLY PROVIDED WITH EACH REPORT - Print or Type

EMPLOYER'S NAME _____ TEL. _____

EMPLOYER'S ADDRESS _____ FAX _____

JOB LOCATION (1) _____ (2) _____
(IF MORE THAN ONE LOCATION, LIST ALL LOCATIONS) (3) _____ (4) _____

NAME AND ADDRESS OF GENERAL CONTRACTOR _____

Report for week ending _____ Employer Federal ID Number _____

The Undersigned Employer hereby certifies that the information contained in this report and the attached schedule is true and correct, that the hours reported represent all hours worked by any cement and concrete worker in the employ of the named Employer for the period specified.

The undersigned Employer hereby adopts and makes a part hereof the terms and conditions and the agreements printed on the rever se side hereof with the same force and effect as if fully set forth herein. The person signing this report on behalf of the Employer hereby consents and agrees to bepersonally bound by and to assume all of the terms and conditions, rights, liabilities and responsibilities of an employer in accordance with the provisions of the Collective Bargaining Agreement currently in force with the District Council of Cement and concrete Workers comprised of Locals Nos. 6-A, 18-Aand 20, with the same force and effect as if fully seforth herein, and warrants and represents that he has authority to bind the Employer and the principals or members thereof.The Employer agrees to make all contributions in accordance therewith in the amount set forth on this report for each hour of employment performed within the trade and geographical jurisdiction of the District Council.

SIGNATURE OF CORPORATE OFFICER OR PARTNER _____ DATE _____

Print Name of Signer: _____ Title _____

SOCIAL SECURITY NUMBER	NAME	STRAIGHT HOURS	TIME & HALF HOURS	DOUBLE HOURS	TOTAL HOURS

FOR ADDITIONAL FORMS GO TO WWW.CCWBF.ORG