



**CEMENT & CONCRETE WORKERS DISTRICT COUNCIL
FRINGE BENEFIT FUNDS**

35-30 Francis Lewis Boulevard * Suite: 201 * Flushing, NY 11358
Phone: (718) 762.6133 * Fax: (718) 762-5144

B-Book

EMPLOYER'S REMITTANCE AGREEMENT AND REPORT

**BUILDING CONTRACTORS ASSOCIATION
BCA Members**

JULY 1st 2020 TO JUNE 30th 2021

A

B

C

RATES AS OF JULY 1, 2020	REGULAR RATES	
Welfare Fund	\$ 9.95	
Pension Fund	\$ 4.00	
Industry Adv. Prgm	\$ 0.26	
NYSLECET	\$ 0.15	
LNHSF	\$ 0.10	
Training & Apprenticeship	\$ 0.94	
Scholarship	\$ 0.06	
CCWDC-L.E.C.E.T.	\$ 0.50	
TOTAL HOURS WORKED	x \$ 15.96	

RATES AS OF JULY 2017	ANNUITY
1. Total Straight Time Hours (Mon. - Fri.)	___ x \$ 3.00 = _____
2. Total Time & Half Hrs. (Saturday)	___ x \$ 4.50 = _____
3. Total Double Time Hrs. (Sun. & Holidays)	___ x \$ 6.00 = _____
4. Amount Due \$	_____

MAKE ONE CHECK PAYABLE TO:
CEMENT & CONCRETE FRINGE BENEFIT FUND
 35-30 Francis Lewis Boulevard * Suite 201
 Flushing, NY 11358
 Tel: 718-762-6133 Fax: 718-762-5144

DUES	
Dues Check-off	\$ 2.00/hr
NYSLPAC	\$ 0.10/hr
Organizer	\$ 1.35/hr
NYSLOF	\$ 0.30/hr
Vacation	\$ 3.00/hr
TOTAL HOURS WORKED	___ x \$ 6.75

Amount Due – Part A: \$ _____ + Part B: \$ _____ + Part C: \$ _____ = TOTAL DUE FROM CONTRACTOR \$ _____

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

EMPLOYERS NAME: _____ TEL: _____

EMPLOYERS ADDRESS: _____ FAX: _____

JOB LOCATION: _____

NAME AND ADDRESS OF GENERAL CONTRACTOR: _____

Report for week beginning: _____ and ending: _____ Employers Federal ID Number: *

{PLEASE ENTER BOTH DATES – THANK YOU}

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 reverse 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 be personally 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-A and 20, with the same force and effect as if fully set forth 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
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						