



# MONTHLY REPORT OF PAYMENTS TO Central Laborers' Pension, Welfare and Annuity Funds

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SEE  
INSTRUCTIONS  
ON THE REVERSE  
SIDE FOR  
COMPLETION OF  
THIS FORM

EMPLOYER NO.	CONTRACT NO.	REFERENCE NO.	LOCAL UNION NO.	FOR MONTH-YEAR	DUE DATE
			1197		

Business Phone Number \_\_\_\_\_

Location of Work (project) \_\_\_\_\_ (city) \_\_\_\_\_

Type of Agreement  H&H  BLDG  Other

Check if this is your final report for this Local

Check if no laborers worked in this period

Check if you are no longer operating in CLPF area

EMPLOYEE SSN	NAME OF EMPLOYEE	TOTAL HOURS FOR MONTH	OVERTIME PREMIUM HRS	GROSS PAY	WORK DUES WITHHELD
<b>PAGE TOTAL:</b>					
<b>GRAND TOTAL PAGES:</b>					

FUND	HOURS	RATE	AMOUNT
PENSION		4.71	
PSUPP		6.24	
SICAP		0.16	
<b>TOTAL:</b>			

**NOTE**  
MAKE ONE PAYMENT FOR ALL FUNDS COLLECTED BY THE  
CENTRAL LABORERS' OFFICE

**FOR CENTRAL LABORERS OFFICE USE ONLY.  
DO NOT COMPLETE THIS AREA**

RECEIVED	CHECK NO.	AMOUNT
		\$
SHORTAGE	OVERPAYMENT	
		\$

By completing and submitting this report, the employer named hereon certifies (a) that the employer is a signatory to a current written Collective Bargaining Agreement (CBA) with the Local Union or District Council covering the geographic area and type of work performed by the employees listed hereon that requires contributions to the funds specified above for which payment is made herewith, or that if the employer is not a signatory to such current written CBA, the employer hereby becomes signatory to such agreement by virtue of submitting this report form and making payments hereunder and further agrees to be bound by and observe the terms and provisions of such written CBA; (b) that the contributions reported hereon are required by and are paid in accordance with such current written CBA; (c) that all of the employees listed hereon are employees covered by such current written CBA and this report includes all hours worked by such employees for the month specified above; (d) that the employer agrees to be bound by each of the fund's applicable trust agreements, including amendments thereto, establishing the funds for which payment is made herewith; (e) that the employer has accepted the applicable schedule to the Pension Fund's rehabilitation plan that is consistent with the contribution rates being remitted herein and which is incorporated by the CBA to which the employer is a signatory; and (f) that the information reported hereon is true and correct.

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

INSTRUCTIONS FOR COMPLETION OF REPORT FORM

**DEMOGRAPHICS:**

- 1) If this is your initial Report Form for a particular Local, please enter the Local Union number where the work was performed, and the month and year of the report. The Fund Office will assign/enter the employer number, contract number and reference number. The due date is the 15<sup>th</sup> of the month following the month in which the work was performed (report month).
- 2) Please enter your business phone number, the geographic location of the work (city, county, project name), and the type of agreement (BLDG, H&H, etc.). If no laborers and/or other reportable employees were employed during the report period, please check the box 'No Laborers Working This Month'. If you are finished working in this particular Local, please, please check the box marked 'Final Report', and the Fund Office will stop sending you reports for this local. It is your responsibility to notify the Fund Office for each local in which you are working. CLPF jurisdiction includes all counties in Illinois except Boone, Cook, DuPage, Grundy, Kane, Kendall, Lake, McHenry and Will, and excludes the jurisdictions of Laborers' Locals 231, 100 and 397 which have their own plans, but includes Scott, IA.
- 3) If this is your initial report, please enter the social security numbers and names of the employees for whom you are reporting contributions. For new employees, please provide the name, mailing address and date of birth. Subsequent report forms will be preprinted with the names of the employees you previously reported. It is your responsibility to indicate any corrections and/or additions thereto.
- 4) With regard to COBRA compliance: In the event that any of the employees listed were laid off during the reporting period, please enter the layoff date to the right of the employee's name.

<u>EMPLOYEE SSN</u>	EXAMPLE	<u>NAME OF EMPLOYEE</u>
111-11-1111		John Doe (Layoff Date 8/20/04)

**CALCULATION OF HOURS:**

- 5) Please enter the total hours subject to the payment of contributions, including straight and overtime hours, in the column headed "Total Hours for Month". If this Report Form includes Welfare Premium and / or Annuity Premium contribution rates (see Rate Box) and your employees have worked overtime hours, you should enter the premium portion of the overtime hours in the column headed "Overtime Premium Hours". For each overtime hour to be reported at time and one half, the overtime premium portion is one half hour. For each overtime hour to be reported at double time, the overtime premium portion is one hour. Please refer to the following example for purposes of calculating the "Total Hours for Month" and "Overtime Premium Hours".

<u>TOTAL HOURS FOR MONTH</u>	EXAMPLE	<u>OVERTIME PREMIUM HOURS</u>
8 @ Straight Time	=	0 Overtime Premium Hours
1 @ Time and One Half	=	½ Overtime Premium Hours
<u>1</u> @ Double Time	=	<u>1</u> Overtime Premium Hours
10		1 ½

Using this example, the Report Form would be completed as follows:

<u>TOTAL HOURS FOR MONTH</u>	<u>OVERTIME PREMIUM HOURS</u>
10	1 1/2

If the applicable Collective Bargaining Agreement / Union Contract does not require premium rates for overtime hours, or if the employees did not work any overtime hours, do not enter any information in the column headed "Overtime Premium Hours".

Please refer to your Collective Bargaining Agreement, Union Contract, or contact the Fund Office if you have any questions regarding the reporting of overtime hours / contributions.

- 6) Please enter the "Gross Pay" and "Work Dues Withheld" for the reporting period in the appropriate column.

**CALCULATION / PAYMENT OF CONTRIBUTIONS:**

- 7) Please calculate the column totals and transfer the same to the appropriate section of the Rate Column, which is located in the lower left corner of the Report Form.
- 8) Please sign and date the Report Form in the designated area.

**SPECIAL NOTES:**

- 1) All contributions are due by the 15<sup>th</sup> of the month following in which the work was performed. All late reports will be subject to the assessment of Liquidated Damages.
- 2) The Fund Office may not accept contributions from and on behalf of anyone who is a "contributing employer". Accordingly, an individual cannot report contributions on behalf of himself / herself if said individual is an owner of a sole proprietorship and / or a partner in a partnership. An officer and / or stockholder (having direct or indirect controlling interest) of a corporation may be eligible to participate as a non-bargained employee. Such participation on behalf of a non-bargained employee must be pursuant to a separate participation agreement with the Funds and you may contact the Fund Office to obtain the applicable information.
- 3) As per the Fund Office Refund Policy, certain overpaid contributions are refundable to the employer. Notify the Fund Office in writing as to any / all overpaid contributions. Be sure to enclose documentation supporting your position. You will be notified as to whether your request has been approved / denied and the manner by which payment will be made. Do not use overpaid contributions as a credit to your future Report Forms without prior Fund Office authorization to do so.
- 4) Thank you for your cooperation!