

Southern Illinois Laborers' & Employers Benefit Funds

5100 Laborers' Way, Suite A • Marion, IL 62959 • (618) 998-1300



FEDERAL EMPLOYER IDENTIFICATION NO.	COMPANY NO.	CONTRACT NO.	LOCAL UNION NO.	FOR WORK PERIOD DAY / MONTH / YEAR	DUE DATE
			1197		

PLEASE SUPPLY BUSINESS PHONE NO. () _____

CITY/COUNTY OF WORK _____

TYPE OF CONTRACT BUILDING

CHECK IF FINAL REPORT

CHECK IF NO LABORERS WORKING THIS MONTH

SEND ADDITIONAL REPORT FORMS

NOTE: THE NAMES ON THIS REPORT WERE LISTED BY THE FUND OFFICE AS THEY APPEARED ON YOUR PREVIOUS MONTHLY REPORT PLEASE INDICATE ANY CORRECTIONS AND/OR ADDITIONS THERETO.

	SOCIAL SECURITY NO.	NAME OF EMPLOYEE	TOTAL HOURS WORKED IN PERIOD	WORKING DUES (List Amount Withheld)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				

We only collect for the funds listed below. Any questions, contact Fund Office.

CONTRIBUTION	RATE	HOURS	AMOUNT	
Welfare	\$7.73			<ul style="list-style-type: none"> Please submit a separate report for each local union. Please complete form in entirety (no substitute forms will be accepted), or form will be returned and contributions may be subject to late fee. Make one check payable to Southern IL Laborers' & Employers' Benefit Account Fund, 5100 Laborers' Way, Suite A, Marion, IL 62959
Annuity	\$6.74			
Ill. Training	\$0.80			
Dues Checkoff	\$1.95			
Political League	\$0.10			
LECET	\$0.33			
Vacation Fund	\$1.35			
EBOLT	N/A			
Total Due For All Funds				

Contributions to be paid at the rate of current rate per hour and to be received at the fund office on or before the 15th day of each month for hours worked during the previous month. Payments received after the last working day of the month in which due will be subject to the late payment fee of 12% with an additional 1% for each additional month the report is delinquent.

We hereby certify that this report includes all hours worked by laborers in our employment for the month shown above and further, that the Employer whose name and entity is set forth below, subscribes to and agrees to be bound by the Agreement and Declarations of Trust establishing the Southern Illinois Laborers' Health and Welfare Fund and the Southern Illinois Laborers' & Employers Annuity Fund, and all amendments, revisions, additions and deletions thereto and accepts all of them as fully as though the same were herein contained and further agrees to accept at a personal obligation for himself and on behalf of his firm to oversee the payment of the established rates of contributions to the aforesaid Funds.

Please be advised that contributions received that are in excess of sums due for that particular month are subject to being applied to any and all prior contributions not yet paid and liquidated damages for the current or prior months.

By _____ Signature _____ Title: _____ Date: _____