

EMPLOYER'S MONTHLY REMITTANCE FORM

FRINGE BENEFIT FUND OFFICE COPY

Check one, when applicable
 Inactive (no men this month)
 Final (no men until further notice)
 Send us reporting forms
 More Forms available at indianalaborers.org

INDIANA LABORERS FRINGE BENEFIT FUNDS

P.O. Box 1587

Terre Haute, Indiana 47808

Phone (812) 238-2551

This report and remittance must be mailed on or before the 10th day following the close of the month covered by this report.

Type of Agreement

- Building
- Highway
- Other _____

Report for month ending _____ Job Site (County) _____ Local Union _____
 Month Year

Federal Identification Number _____

I certify that I have read this full report and that the information contained herein is true and correct.

Name _____

Signature Contact Person _____

Address _____

City _____ ST _____ Zip _____

Email _____ Date _____

SOC. SEC. NO. necessary for each Employee	NAME OF EMPLOYEE	Total Welfare Hours	Total Pension Hours	Total Training Hours	Total ILDCTF Hours	Total ILDCPAC Deducted	Working Dues Fund Amount Deducted	Total Gross Wages
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								

FUND	TOTAL HOURS	INSERT APPLICABLE RATE AS GOVERNED BY PREVAILING WORKING AGREEMENT	ADJUSTMENTS	TOTAL AMOUNT DUE
WELFARE		@ +/-	=	\$
PENSION		@ +/-	=	\$
ILDCTF (Indiana Laborers Defined Contribution Trust Fund)		@ +/-	=	\$
TRAINING		@ +/-	=	\$
THE TOTAL AMOUNT DUE THE ABOVE FUNDS SHOULD BE ADDED AND ONE (1) CHECK ISSUED TO THE INDIANA LABORERS COMBINED FUNDS INDIVIDUAL CHECKS MUST BE MADE PAYABLE TO EACH APPLICABLE FUND LISTED BELOW.				TOTAL
				\$
Industry Fund: CAF 41, 81 CAF 213 MACIAF 645 CAPCI-120, 204, 274, 561, 741, 1112 (building)		@ +/-	=	\$
Industry Fund: ICIAF 41, 81, 120, 204, 213, 274, 561, 645, 741, 795, 1112 (highway)		@ +/-	=	\$
SAT (drug policy): 120, 204, 213, 274, 561, 645, 741, 795, 1112 (highway)		@ +/-	=	\$
IUCSAT (drug policy) 120, 204, 213, 274, 741, 1112 (building)		@ +/-	=	\$
ILDCPAC (Indiana Laborers District Council PAC)				\$
Laborers Working Dues Fund	Total Gross Wages	@ 5% (.05)	=	\$

Fund Office Use Only



Mail all checks and THIS COPY to: P.O. Box 1587, Terre Haute, IN 47808