

CONTRIBUTIONS - FIELD CONSTRUCTION REMITTANCE REPORT FORM



Furnish Employer Account #, EIN, and Lodge No.

Employer Account No.
Employer EIN #
Work performed in the jurisdiction of Lodge No.

EMPLOYER'S NAME _____
 STREET ADDRESS _____
 CITY & STATE, ZIP _____

Report for the Month of: _____

NAME & PHONE # FOR CONTACT PERSON _____ EMAIL FOR CONTACT PERSON _____

Start _____ Ending _____
 (Actual work dates - start and ending dates)

JOB LOCATION (County & State) *NEW _____

Check Area Where Work is Performed

- 1. Western States
- 2. Missouri River Basin
- 3. Great Lakes
- 4. South Central
- 5. Southeastern
- 6. Northeastern

If work is performed under a Temporary Supervisor Participation Agreement check box

INDUSTRY (Check Only One)

- 1. Field Construction Local Agreement
- 2. Field Construction Area Agreement
- 3. Field Construction National Agreement
- 4. N.T.D. Agreement
- 5. Repair Shop/Commercial Shipyard and Ship Repair
- 6. Shops and Manufacturing
- 7. Heat Treating and Forging Industry

PROVIDE AGREEMENT UNDER WHICH THE WORK IS PERFORMED *NEW: _____

If the agreement requires different contribution rates by job classification, or if contributions are calculated as a percentage of wages, then each classification **must** be reported separately. List the job classification for this report below:

If the job classification is not in the list, contact the Fund Office for the job classification to provide: _____

Job Classification: _____

LAST NAME	FIRST	INITIAL	SS#	ST (Including FMLA)*	T 1/2	DT	Total Hours	Gross Wages **
TOTALS								

In the event NO men subject to contributions were employed, you MUST SEND in the monthly report with the notation "NO MEN EMPLOYED"

* For employees on a qualified family or medical leave. Hours must be reported at the rate of 173 hours per work month while employee is on FMLA.

** NOTE: If Pension and/or Annuity rate is a % of wages, you must report the gross wages for each man.

MAKE SEPARATE CHECKS AND MAIL TO: **ATTN: Employer Contributions**, 754 Minnesota Avenue, Kansas City, KS 66101-2762

NOTE: REPORTS ARE DUE BY THE 15TH OF THE FOLLOWING MONTH. REPORTS NOT RECEIVED BY THE 25TH WILL BE SUBJECT TO LATE CHARGES.

				FOR FUND OFFICE USE ONLY		
				Check No.	Amount	Audited
Boilermaker-Blacksmith National Pension Trust						
@ _____	an Hour for	_____	ST hours			
@ _____	an Hour for	_____	T 1/2 hours			
@ _____	an Hour for	_____	DT hours			
or _____	% for	_____				
Gross Wages			TOTAL			
Boilermakers National Health & Welfare Fund						
@ _____	an Hour for	_____	ST hours			
@ _____	an Hour for	_____	T 1/2 hours			
@ _____	an Hour for	_____	DT hours			
Gross Wages			TOTAL			
Boilermakers Apprenticeship Program						
@ _____	an Hour for	_____	Hours			
MOST						
@ _____	an Hour for	_____	Hours			
Boilermakers National Annuity Trust						
@ _____	an Hour for	_____	ST hours			
@ _____	an Hour for	_____	T 1/2 hours			
@ _____	an Hour for	_____	DT hours			
or _____	% for	_____				
Gross Wages			TOTAL			

It is understood that by making the above contributions the Employer becomes governed by the applicable trust agreement or agreements and any and all amendments thereto governing said fund or funds.

Authorized Signature of Employer _____