

EMPLOYER'S MONTHLY REMITTANCE FORM

FRINGE BENEFIT FUND OFFICE COPY

INDIANA LABORERS FRINGE BENEFIT FUNDS
 P.O. Box 1587
 Terre Haute, Indiana 47808 Phone (812) 238-2551

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

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 NO. _____
NAME _____
ADDRESS _____
CITY _____ **STATE** _____ **ZIP** _____

I certify that I have read this full report and that the information contained herein is true and correct.
 Signature Contact Person _____
 Email _____ Date _____

SOC. SEC. NO. necessary for each Employee	NAME OF EMPLOYEE	Total Welfare Hours	Total Pension Hours	Total Training Hours	Total ILDCTF Hours	Working Dues Fund	
						Amount Deducted	Total Gross Wages
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

FUND	TOTAL HOURS	INSERT APPLICABLE RATE AS GOVERNED BY PREVAILING WORKING AGREEMENT	ADJUSTMENTS	TOTAL AMT. DUE	Fund Office Use Only
WELFARE		@ +/-	=	\$	
PENSION		@ +/-	=	\$	
ILDCTF		@ +/-	=	\$	
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.				Welfare-Pension- Training - ILDCTF TOTAL	
Industry Fund CAF 41,81 CAF 213 MACIAF 645 CAPCI - 120, 204, 274, 561, 741, 1047, 1112 (building)		@ +/-	=	\$	
Industry Fund ICIAF 41, 81, 120, 204 213, 274, 561, 645, 741, 795, 1047 (highway)		@ +/-	=	\$	
SAT (drug policy) 41, 81, 120, 204, 213, 274, 561, 645, 741, 795, 1047, 1112 (highway)		@ +/-	=	\$	
IUCSAT (drug policy) 120, 204, 213, 274, 741, 1047, 1112 (building)		@ +/-	=	\$	
Laborers Working Dues Fund	\$ Total Gross Wages	@ 5% (.05) +/-	=	\$	

*ILDCTF - Indiana Laborers Defined Contribution Trust Fund

Mail all checks and THIS COPY to:
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WORKING DUES COPY

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INDUSTRY FUND COPY

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LOCAL UNION COPY

Mail this copy to the local union.

OTHER FUND COPY

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EMPLOYER COPY

Retain this copy for your files.