NECA-IBEW LOCAL #176 FRINGE BENEFIT FUNDS

Decatur Pension Code No. _____

HOURS FOR MONTH OF _____

NAME _____
ADDRESS _____
CITY _____
STATE/ZIP _____
PHONE _____
FAX _____

EMPLOYERS FEDERAL REGISTRATION NO. _____

TOTAL NUMBER EMPLOYED THIS PERIOD

Bldg. Constr. Journeyman's Wage Rate Per Hour

This report and payment shall be mailed to reach the office of the appropriate Local board not later than FIFTEEN (15) calendar days following the end of each calendar month. Any payments received after the 15th shall be subject to an immediate penalty of $100.00 plus 5% of the total monies due. Payments received after the 25th of the month shall be subject to an additional penalty of $200.00 plus an additional 5% of the total monies due. Employers failing to remit by the last day of the month shall be considered to have breached this agreement and shall be subject to an audit to be conducted at their expense as provided for in Article III, Section 3.17 of the current labor agreement.

This Transmittal Covers ALL Payroll Weeks Ending in Calendar MONTH of _____ , _____

LOCAL 176

CLASSIFICATIONS TO BE USED

1-Journeyman Wireman **3**-Sign **4**-Comm/VDV **5**-Maintenance **6**-Apprentice **22**-Residential Wireman **23**-Residential Trainee **26**-Other (Non-bargaining/Administrative) **27**-Alumni **28**-Working Owner (**NOT** Owner-in-Fact)

SOCIAL SECURITY NUMBER	ALPHA ORDER EMPLOYEES LAST NAME AND INITIALS	CLASS	TOTAL 1 1/2	CLOCK Double	HOURS Straight	TTL HRS	GROSS EARNINGS	H & W SUB	DECATUR LOCAL 176	SAV/PAC WITHHELD	DUES W/H
		3	0.00	0.00	0.00	0.00	$0.00	$0.00 N/A	N/A $0.00	N/A N/A	$0.00
		3				0.00		$0.00 N/A	N/A $0.00	N/A N/A	$0.00
		3				0.00		$0.00 N/A	N/A $0.00	N/A N/A	$0.00
		3				0.00		$0.00 N/A	N/A $0.00	N/A N/A	$0.00
		3				0.00		$0.00 N/A	N/A $0.00	N/A N/A	$0.00
		3				0.00		$0.00 N/A	N/A $0.00	N/A N/A	$0.00
		3				0.00		$0.00 N/A	N/A $0.00	N/A N/A	$0.00
Total number pages this report	Total this page		0.00	0.00	0.00	0.00	$0.00	$0.00 N/A	N/A $0.00	N/A N/A	$0.00
	Grand total all pages		0.00	0.00	0.00	0.00	0.00	$0.00 N/A	N/A 0.00	N/A N/A	$0.00

Make FIRST check payable to: EILNECA Collection Account covering the following contributions:

1. NATIONAL ELECTRICAL BENEFIT FUND - % OF GROSS..... $0.00
2. ADMINISTRATIVE MAINTENANCE FUND (AMF) - % OF GROSS..... N/A
3. NECA SERVICE CHARGE (REQUIRED OF NECA CONTRACTORS ONLY) -% OF GROSS..... N/A

Mail one copy with FIRST check to:
EILNECA Collection Account - 1308 Houbolt Rd, Joliet, IL 60431

MAKE FIRST CHECK FOR THIS AMOUNT **$0.00**

4. DECATUR PENSION **Make SECOND check payable and mail with one (1) copy to:**
NECA-IBEW Pension Trust Fund - 2120 Hubbard Avenue, Decatur, IL 62526-2871

MAKE SECOND CHECK FOR THIS AMOUNT N/A

Make THIRD check payable to: NECA-IBEW Local #176 Joint Distribution Account covering the following contributions and deductions:

5. HEALTH & WELFARE - PER HOUR $0.00
6. LOCAL 176 PENSION TRUST FUND - PER HOUR..... $0.00
7. IBEW #176 SAVINGS PLAN - PER HOUR..... N/A
8. IBEW #176 WORKING DUES - % OF GROSS..... $0.00
9. APPRENTICESHIP FUND - PER HOUR..... N/A
10. LABOR MANAGEMENT COOPERATION COMMITTEE (LMCC) - PER HOUR..... N/A
11. IBEW #176 PAC FUND - PER HOUR..... N/A
12. S.U.B. FUND - PER HOUR..... N/A

Retain a copy & mail three (3) copies with THIRD check to:
NECA-IBEW Local #176 Joint Distribution Account
PO Box 74812, Chicago, IL 60694-4812
For SPECIAL DELIVERY (i.e. UPS, FedEx, hand delivery) send to:
Xerox c/o BMO Harris
LBX 74812
141 W Jackson Blvd/Suite 1000, Chicago, IL 60604

MAKE THIRD CHECK FOR THIS AMOUNT **$0.00**

The undersigned hereby adopts and agrees to be bound by the Restated Employees Benefit Agreement and Trust for the National Electrical Benefit Fund and agrees to make required contributions to such fund as provided for therein. I hereby acknowledge having received a copy of the above agreement. I further certify that the information contained in this report is a full and accurate statement of hours worked and wages earned of all employees subject to employer contributions (Article VI, Section 6.2 and 6.3, Restated Employees Benefit Agreement).

MARK SELECTION

Inactive (No Men this Month) _____
Final Report (No Men until further notice) _____

Firm Name _____

Signature & Title _____

Date _____

MPR 144 - 6/24 Sign