

**NECA-IBEW LOCAL #176 FRINGE BENEFIT FUNDS**

Decatur Pension Code No. \_\_\_\_\_  
**NAME** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
**CITY** \_\_\_\_\_  
**STATE/ZIP** \_\_\_\_\_  
**PHONE** \_\_\_\_\_  
**FAX** \_\_\_\_\_

**HOURS FOR MONTH OF** \_\_\_\_\_  
**EMPLOYERS FEDERAL**  
**REGISTRATION NO.** \_\_\_\_\_

**TOTAL**  
**NUMBER**  
**EMPLOYED**  
**THIS PERIOD**

Bldg. Constr. Journeyman's Wage Rate Per Hour
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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	CLOCK	HOURS	TTL HRS	GROSS EARNINGS	H & W SUB	DECATUR LOCAL 176	SAV/PAC WITHHELD	DUES W/H
			1 1/2	Double	Straight						
		4		0.00	0.00	0.00	\$0.00	\$0.00	\$0.00	N/A	\$0.00
		4			0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		4				0.00		\$0.00	\$0.00	N/A	\$0.00
		4				0.00		\$0.00	\$0.00	\$0.00	\$0.00
		4				0.00		\$0.00	\$0.00	N/A	\$0.00
		4				0.00		\$0.00	\$0.00	\$0.00	\$0.00
		4				0.00		\$0.00	\$0.00	N/A	\$0.00
		4				0.00		\$0.00	\$0.00	\$0.00	\$0.00
		4				0.00		\$0.00	\$0.00	N/A	\$0.00
		4				0.00		\$0.00	\$0.00	\$0.00	\$0.00
Total number pages this report								\$0.00	\$0.00	N/A	
Total this page			0.00	0.00	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Grand total all pages			0.00	0.00	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$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.....                  | \$0.00 |
| 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**

**\$0.00**

**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.....                            | \$0.00 |
| 10. LABOR MANAGEMENT COOPERATION COMMITTEE (LMCC) - PER HOUR..... | \$0.00 |
| 11. IBEW #176 PAC FUND - PER HOUR.....                            | \$0.00 |
| 12. S.U.B. FUND - PER HOUR.....                                   | \$0.00 |

**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

**MAKE THIRD CHECK FOR THIS AMOUNT**

**\$0.00**

*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

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) \_\_\_\_\_  
 Date \_\_\_\_\_

Firm Name \_\_\_\_\_  
 Signature & Title \_\_\_\_\_