COMBINATION FUNDS WEEKLY REMITTANCE FORM

For Work Performed Under the Jurisdiction of Local 405 During Period July 1, 2017 through June 30, 2018

REINFORCED IRON WORKERS, RIGGERS & MACHINERY MOVERS LOCAL 405 (RMM)

2433 Reed Street • Philadelphia, PA 19146

Telephone: (215) 462-7300 • Fax: (215) 551-0423

Remittance for Payweek Beginning Date: _____ / _____ / _____ End date: _____ / _____ / _____

Contractor **Elliott Lewis Convention Services** Employer # **79992**

Address **2900 Black Lake Place**

City **Philadelphia** State **PA** Zip **19154**

Telephone _____ Fax _____

Social Security Number	Name	A Wages Paid	- HOURS - B Straight-Time	C Time 1/2	D Double-Time	TOTAL HOURS PAID	WELFARE & PENSION Rounded to the Next Highest Whole Number E (B+C+D)
	Total						

NOTE: Please check if your jobs under our jurisdiction are completed ❑

1. Local Union Benefits

_____ Wages x 6% = _____

Total Hours (B + C x (1 1/2) + D x 2)

_____ Hours x $11.96 L.U. Remittance Rate = _____

TOTAL DUE = _____

Please check if you want vouchers held at hall ❑

Please make checks payable to:

Ironworkers Local Union No. 405 Annuity Fund
2433 Reed Street
Philadelphia, PA 19146

2. Welfare and Pension

Total Hours Based on Regular Hours (B + C + D) =

_____ Hours x $21.75 IW Health/Pension Contribution Rate = _____

Please make checks payable to:

Ironworkers District Council Benfit and Pension Fund and mail with Gold copy

The undersigned Employer hereby agrees to be bound by the terms and conditions pertaining to fringe benefit contribution contained in the presently existing collective bargaining agreement, entered into between The Iron Workers Local 405 and firms employing Iron Workers affiliated with said local. The undersigned Employer also agrees to be bound by the provisions of the Trust Agreement establishing the Iron Workers District Council (Philadelphia and Vicinity) Benefit and Pension Funds as presently constituted and as hereinafter amended. The undersigned affirms that he is authorized to execute this document for and on behalf of the above contributing Employer.

All benefits should only be one pay period behind, layoff is payoff. Any late payments received after the 30th of the month following the month contributions were earned, interest will accrue at the rate of ten (10%) percent plus Legal Collection Fees as stated in the Ironworkers 405 Annuity Fund Policy for Collection of Delinquent Contributions that was sent to all contractors on June 13, 2008.

Signature _____

Title _____

DO NOT WRITE IN THIS SPACE

Received: _____ Ck# _____

Shipped: _____ Receipt # _____

White & Yellow Copy - *To Local Union 405, 2433 Reed St., Philadelphia, PA 19146*
Pink Copy - *Employer*
Gold Copy - *Iron Workers Health & Welfare Fund, International Plaza Two, Suite 120, Philadelphia, PA 19113*

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