

**UPSTATE NEW YORK ENGINEERS BENEFIT FUNDS**  
 of the  
**INTERNATIONAL UNION OF OPERATING ENGINEERS**  
*101 Intrepid Lane -- P.O. Box 100 – Colvin Station*  
*Syracuse, New York 13205-0100*  
*Phone (315) 492-1796 \* FAX (315) 492-6618*

<u>Fund Office Use Only</u>	
Employer #	_____
Local	_____
Job #	_____
Con Type	_____
Rate Type	_____
Date Rec'd	_____
Report #	_____
Ck. Amt.	_____

**Local 158 (District 545)**  
**Building**

Contractor Name	_____		
Address	_____		
City, State, Zip	_____		
Phone/extension:	_____	FAX:	_____
Project Location /County:	_____		

Period Worked: \_\_\_\_\_ through \_\_\_\_\_

*By submitting this remittance report and/or contributions to the Funds, the Employer agrees that it is bound to a collective bargaining agreement with the International Union of Operating Engineers Local Union No. 17, 158 (Districts 106, 545, and 832) and/or 463 and the Agreements and Declarations of Trust of the Upstate New York Engineers Health, Pension, Supplemental Unemployment Benefit and Training Funds, the Agreement and Declaration of Trust of the Central Pension Fund of the International Union of Operating Engineers and Participating Employers, and any restatements or amendments thereof and any policies adopted thereunder.*  
*By submitting this report, the Employer certifies that it does not include any owners, partners, sole proprietors, or independent contractors.*

Name	SS #	Gross Wages	Straight Time	Overtime		Total Hours
						0.00
0	0	\$ -	0.00	0.00		0.00
		\$ -	0.00	0.00		0.00
			0.00			0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
<b>TOTALS:</b>		<b>\$ -</b>	<b>0.00</b>	<b>0.00</b>		<b>0.00</b>

**\*\*NOTE: Input first five columns ONLY: Name, SS#, Gross wages, ST and OT.  
 The totals will be automatically calculated.**

The Employer hereby identifies, and by submitting this report certifies it has identified, any bargaining unit individual who is exercising rights under the Family and Medical Leave Act and/or is leaving or has left employment to enter the military service.

Mail this **ORIGINAL** form and **3 copies** with check(s) payable to the **Upstate New York Engineers Benefit Funds**.

**NOTE:** Employer contributions and employee deductions **must be received at the Fund Office on or before the 15<sup>th</sup> of the month** following the month in which the hours were worked. Reports received after that date will be considered delinquent and are subject to late charges. *In the event there are no employees, a report must be filed so indicating.*

Effective 07/01/2016 - 06/30/2017

**Employer Contributions:**

Pension Fund	@	\$ 8.00 per hour	\$ -
Welfare Fund	@	\$ 7.10 per hour	\$ -
Training Fund	@	\$ 0.95 per hour	\$ -
ASP Fund	@	\$ 0.17 per hour	\$ -
Central Pension Fund	@	\$ 5.25 per hour	\$ -
Health Reimbursement Acct.	@	\$ 1.25 per hour	\$ -
CIRST	@	\$ 0.05 per hour	\$ -
UNYE Pension Supplement	@	\$ 1.00 per hour	\$ -
<b>Total Fringes</b>			<b>\$ -</b>

**Employee Deductions:**

			<b>Total Dues:</b>	<b>\$ -</b>
Dues deduction	@	3.15% Total Fringes	\$ -	
Dues deduction	@	3.15% Gross Wages	\$ -	
VPAF deduction	@	\$ 0.10 per hour	\$ -	

**TOTAL TO BE REMITTED TO UPSTATE NEW YORK ENGINEERS BENEFIT FUNDS: \$ -**

*If more forms are needed go to [www.iuoe158.org/rates](http://www.iuoe158.org/rates)*