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

Fund Office Use Only

Employer # _____
Local _____
Job # _____
Con Type _____
Rate Type _____
Date Rec'd _____
Report # _____
Ck. Amt. _____

Local 158 (Districts 106, 545 & 832)*
Technical Engineers Agreement

**please circle which District you are working under*

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	S S #	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
TOTALS:		**$ -**	0.00	0.00			0.00

****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 *TWO 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 15th 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	@	$ 7.30	per hour	$ -
Welfare Fund	@	$ 7.10	per hour	$ -
Training Fund	@	$ 0.75	per hour	$ -
Central Pension Fund	@	$ 5.35	per hour	$ -
Health Reimbursement Acct.	@	$ 2.20	per hour	$ -
CRIST	@	$0.05	per hour	$ -
UNYE Pension Supplement	@	$ 1.00	per hour	$ -
Total Fringes				$ -

Employee Deductions:

DUES TOTAL:				$ -
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