BAC LOCAL #2 Journeyman First Shift CEMENT MASONS' FRINGE BENEFIT FUNDS DETROIT and VICINITY

COMMERCIAL 1ST SHIFT JOURNEYMAN

REV. 06/24 EMPLOYERS MONTHLY

FRINGE BENEFIT REPORT

NAME	NAME					CODE NO.				WORKED MONTH/YEAR					REQUEST FOR FORMS		
													FORMCO	MMERCIAL			
ADDRESS					TELEPHONE												
CITY AND S	TATE			ZIP	REPORT DATE				Report All Weekly Payroll Periods Ending In The above Month				NUMBER OF PAGES IN THIS REPORT				
PLEAS	SE INDICA	TED TH	E COLLECTIVE BAR	GAINING AGREEN BENEFIT CONTRI										ION. THEN	INSERT THE		
Check Section	Section		COMMERCIAL AGRE	EMENTS	Effective Dates	Health & Welfare	Vacation	Pension	Annuity Internat'l Appr. IMI			Working Dues Advmt.		M.U.S.T			
	AGC Contractors - Associated General Contractors of Michigan			ed General	Jun-24	\$8.97 HOURS WORKED	\$4.00 HOURS PAID	\$9.04 HOURS PAID	\$1.84 HOURS WORKED	\$1.21 HOURS WORKED	\$.40 HOURS WORKED	\$.59 HOURS WORKED	\$3.05 HOURS PAID	\$.15 HOURS WORKED	\$.05 HOURS WORKED		
	A1 CAM Contractors - Construction Association o Michigan			tion Association of	Jun-24	\$8.97 HOURS WORKED	\$4.00 HOURS PAID	\$9.04 HOURS PAID	\$1.84 HOURS WORKED	\$1.21 HOURS WORKED	\$.40 HOURS WORKED	\$.59 HOURS WORKED	\$3.05 HOURS PAID	\$.15 HOURS WORKED	\$.05 HOURS WORKED		
	В		Contractors - Associa actors of Michigan	ted Concrete	Jun-24	\$8.97 HOURS WORKED	\$4.00 HOURS PAID	\$9.04 HOURS PAID	\$1.84 HOURS WORKED	\$1.21 HOURS WORKED	\$.40 HOURS WORKED	\$.59 HOURS WORKED	\$3.05 HOURS PAID	\$.15 HOURS WORKED	\$.05 HOURS WORKED		
	IOURS WO	ORKED	FROM			DURS PAID	FROM				SE PAY* FR	ом					
	E BENI FUND		Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIPY	COLUMN	<u>в:</u>	TOTAL						A	DUE			
HEALTH ai	nd WELFAF	RE	\$8.97	HOURS WO COLUMN		\$			\$				\$				
VACATIO	N		\$4.00		HOURS PAID COLUMN B												
PENSION			\$9.04		HOURS PAID COLUMN B												
ANNUITY	·		\$1.84	HOURS WO COLUMN													
INTERNAT	'L PENSION	N	\$1.21	HOURS WO COLUMN	IA												
APPREN	TICESHIP		\$0.40		HOURS WORKED COLUMN A												
мі			\$0.59	HOURS WO COLUMN													
WORKING	G DUES		\$3.05	HOURS P COLUMN													
INDUSTR	Y ADVMT	•	\$0.15	HOURS WO COLUMN	IA												
M.U.S.T			\$0.05	HOURS WO COLUMN													
			Base Wages paid for U.S.T. contributions.	straight time and ov	vertime only	but shall not	include Vaca	ation and Holida	ay, Insurance, P		nticeship, Ar			n, PPA, Worl	king Dues,		
moustry A	uvanceme					IMPORT			1								
Make check payable to Cement Masons' F.B.F. Keep one copy for your records. Mail one copy with your			TO FURM	IMPOR I AN I RAL LAW REQUIRES EACH EMPLOYER RNISH THE FOLLOWING INFORMATION										r it has agreed to f which is as set			
			complete		,												
			nt Masons' F.B.F.		Inactive th												
			, P.O. Box 78000		Ŭ,	working in						SI	GNATURE				
2	If paymer month, sir	nt is not mple inte	/I 48278-0015 made by 15th of the erest will be assessed 6 per annum.		гіпаї кер	ort - give rea	1501					01					
3	Explain ad	djustmer	nts on reverse side						-								

and attach variance notice, if applicable.

CEMENT MASC	. #2 <u>Journeyn</u> DNS' FRINGE TROIT and VICI)S	FORM COMMERCIAL - EMPLOYEE DETAIL REPORT FOR						
BAC LOCAL #2 CONTRACTOR'S	S NAME	WORK	MONTH	EMPLOYER'S MONTHLY FRINGE BENEFIT REPORT						
			COLUMN A	COLUMN B	COLUMN C					
EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	HOURS WORKED	HOURS PAID	TOTAL BASE PAY Base Pay shall include total Base Wages paid for straight time and overtime only, but shall not include Vacation and Holiday, Insurance, Pension, Apprenticeship, Annuity, International Pension, Working Dues, Industry Advancement or M.U.S.T. contributions.					
LAST	INITIALS									
ENTER TOTAL HOURS WORKED, HOURS										
PAY ON FRONT SIDE OF THIS FORM ON I		TOTALS:								

BAC LOCAL #2 Journeyman Special Shift CEMENT MASONS' FRINGE BENEFIT FUNDS

COMMERCIAL SPECIAL SHIFT JOURNEYMAN
REV. 06/24
EMPLOYERS MONTHLY

FRINGE BENEFIT REPORT

DETROIT and VICINITY

NAME					CODE NO.				WORKED MONTH/YEAR				REQUEST FOR FORMS			
NAME					CODE NO.					WORKED M	ONTH/YEAR		REG	QUESTFORF	ORMS	
													FORM CON	MERCIAL		
ADDRESS					TELEPHONE											
CITY AND ST	TATE			ZIP	REPORT DA	rc			Report All Weekly Payroll Periods Ending Ir				NUMBER OF PAGES IN TH			
CITTAND 3				ZIF	REPORT DATE					The abov	e Month		REPORT	115		
PLEASE	E INDICAT	ED TH	E COLLECTIVE BAR	GAINING AGREEN BENEFIT CONTRI										ECTION.	HEN INSERT	
Check Section	Section		COMMERCIAL AGRE	EMENTS	Effective Dates	Health & Welfare	Vacation	Pension	Annuity	Internat'l Pension	Appr.	імі	Working Dues	Industry Advmt.	M.U.S.T	
			Contractors - Associat	od Conorol		\$8.97	\$4.00	\$9.04	\$1.84	\$1.21	\$.40	\$.59	\$3.30	\$.15	\$.05	
	A Contractors of			eu General	Jun-24	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	
			Ū.			WORKED	PAID	PAID	WORKED	WORKED	WORKED	WORKED	PAID	WORKED	WORKED	
CAM Contracto			Contractors - Construc	tion Association		\$8.97	\$4.00	\$9.04	\$1.84	\$1.21	\$.40	\$.59	\$3.30	\$.15	\$.05	
	A 1	of Mic	higan		Jun-24	HOURS WORKED	HOURS PAID	HOURS PAID	HOURS WORKED	HOURS WORKED	HOURS WORKED	HOURS WORKED	HOURS PAID	HOURS WORKED	HOURS WORKED	
	В		1 Contractors - Associa	ated Concrete	Jun-24	\$8.97	\$4.00	\$9.04	\$1.84	\$1.21 HOURS	\$.40	\$.59	\$3.30	\$.15	\$.05	
	Þ	Contra	actors of Michigan		Juli-24	HOURS WORKED	HOURS PAID	HOURS PAID	HOURS WORKED	WORKED	HOURS WORKED	HOURS WORKED	HOURS PAID	HOURS WORKED	HOURS WORKED	
			50.01		TOTAL							55.014				
TOTAL H		RKED	FROM		COLUMN		FROM			COLUMN	ASE PAY*	FROM				
			Enter Below the		COLOWIN	в. 				COLONIN	0.					
-	e Bene Fund	EFIT	Contribution Rates From Applicable Section (See Above)	MULTIPY	BY		TOTAL			ADJUST	MENTS		AI		DUE	
HEALTH a	nd WELFA	RE	\$8.97	HOURS WO		\$			\$				\$			
VACATIO	N		\$4.00	HOURS P. COLUMN												
				HOURS P												
PENSION	I		\$9.04	COLUMN B												
ANNUITY			\$1.84	HOURS WORKED COLUMN A												
INTERNAT	''L PENSIO	N	\$1.21	HOURS WORKED COLUMN A												
APPREN	TICESHIP		\$0.40	HOURS WORKED COLUMN A												
імі			\$0.59	HOURS WORKED COLUMN A												
WORKING	G DUES		\$3.30	HOURS P. COLUMN												
INDUSTR			\$0.15	HOURS WO												
M.U.S.T			\$0.05	HOURS WO COLUMN												
			1			1						OUNT DUE:				
*Base Pay Working [y shall inc Dues, Indu	stry Ad	tal Base Wages paid f Ivancement or M.U.S.	for straight time an T. contributions.	d overtime			Vacation and	l Holiday, Insu	irance, Pen	sion, Appr	enticeship, A	nnuity, Internat	tional Pens	on, PPA,	
	0		RUCTIONS			IMPORT			1							
1 Complete two copies of this form.						CH EMPLOYI			D (11)				<i>c</i>			
Make check payable to Cement Masons' F.B.F. Keep one copy for			TO FURN	IISH THE F	OLLOWING	INFORMATI	ON							hat he or it has letailed basis of		
your records. Mail one copy with										s set out a						
	your chec			If no men	were emp	loyed during	g the month	please								
Chase Bank			complete													
Attn: Cement Masons' F.B.F.				Inactive th	nis month											
Dept. 78015, P.O. Box 78000				No longer	working in	area		1								
Dept. 78015, P.O. Box Detroit, MI 48278-00			MI 48278-0015		Final Rep	ort - give rea	ason					5	SIGNATURE			
2	If paymer	nt is not	t made by 15th of the													
	assessed		interest will be ne rate of 12% per						-							
	annum.								1							
		h variar	ents on reverse side nce notice, if		_	_										
L				1					1							

BAC LOCAL # CEMENT MASO									
DE BAC LOCAL #2 CONTRACTOR'S	TROIT and VIC		K MONTH		MMERCIAL - EMPLOYEE DETAIL REPORT FOR YER'S MONTHLY FRINGE BENEFIT REPORT				
BAC LOCAL #2 CONTRACTOR 3		WOR	K MONTH	_					
			COLUMN A	COLUMN B	COLUMN C				
			COLOMINA	COLONNY D	TOTAL BASE PAY				
EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	HOURS WORKED	HOURS PAID	Base Pay shall include total Base Wages paid for straight time and overtime only, but shall not include Vacation and Holiday, Insurance, Pension, Apprenticeship, Annuity, International Pension, Working Dues, Industry Advancement or M.U.S.T. contributions.				
LAST	INITIALS								
ENTER TOTAL HOURS WORKED, HOURS F PAY ON FRONT SIDE OF THIS FORM ON LI		TOTALS:							

ALL CONTRIBUTIONS ARE DUE BY THE 15TH OF THE MONTH FOLLOWING THE MONTH WORKED

BAC LOCAL #2 Foreman First Shift **CEMENT MASONS' FRINGE BENEFIT FUNDS** DETROIT and VICINITY

COMMERCIAL FOREMAN 1ST SHIFT REV. 06/24

EMPLOYERS MONTHLY FRINGE BENEFIT REPORT

NAME	CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS	
			FORM COMMERCIAL	
ADDRESS	TELEPHONE			
		Papart All Weekly Payroll Periods Ending In The above	NUMBER OF	٦
CITY AND STATE ZIP	REPORT DATE	Report All Weekly Payroll Periods Ending In The above Month	PAGES IN THIS REPORT	

PLEASE INDICATED THE COLLECTIVE BARGAINING AGREEMENT UNDER WHICH THE WORK WAS PERFORMED BY PLACING A MARK BEFORE THE APPROPRIATE SECTION. THEN INSERT THE FRINGE BENEFIT CONTRIBUTION RATES FROM THAT SECTION IN THE SPACES PROVIDED AT THE BOTTOM OF THIS FORM.

Check Section	Section	COMMERCIAL AGREEMENTS	Effective Dates	Health & Welfare	Vacation	Pension	Annuity	Internat'l Pension	Appr.	IMI	Working Dues	Industry Advmt.	M.U.S.T
	Α	AGC Contractors - Associated General Contractors of Michigan	Jun-24	\$8.97 HOURS WORKED	\$4.00 HOURS PAID	\$9.04 HOURS PAID	\$1.84 HOURS WORKED	\$1.21 HOURS WORKED	\$.40 HOURS WORKED	\$.59 HOURS WORKED	\$3.15 HOURS PAID	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	A1 CAM Contractors - Construction Association of Michigan		Jun-24	\$8.97 HOURS WORKED	\$4.00 HOURS PAID	\$9.04 HOURS PAID	\$1.84 HOURS WORKED	\$1.21 HOURS WORKED	\$.40 HOURS WORKED	\$.59 HOURS WORKED	\$3.15 HOURS PAID	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	B ACCM Contractors - Associated Concrete Contractors of Michigan		Jun-24	\$8.97 HOURS WORKED	\$4.00 HOURS PAID	\$9.04 HOURS PAID	\$1.84 HOURS WORKED	\$1.21 HOURS WORKED	\$.40 HOURS WORKED	\$.59 HOURS WORKED	\$3.15 HOURS PAID	\$.15 HOURS WORKED	\$.05 HOURS WORKED

TOTAL HOURS WORKED FROM TOTAL HOURS PAID FROM TOTAL BASE PAY* FROM COLUMN A: COLUMN B: COLUMN C: Enter Below the Contribution Rates From Applicable Section (See Above) FRINGE BENEFIT MULTIPY BY TOTAL ADJUSTMENTS AMOUNT DUE FUND HOURS WORKED HEALTH and WELFARE \$8.97 COLUMN A HOURS PAID VACATION \$4.00 COLUMN B HOURS PAID PENSION \$9.04 COLUMN B HOURS WORKED ANNUITY \$1.84 COLUMN A HOURS WORKED INTERNAT'L PENSION \$1.21 COLUMN A HOURS WORKED APPRENTICESHIP \$0.40 COLUMN A HOURS WORKED IMI \$0.59 COLUMN A HOURS PAID WORKING DUES \$3.15 COLUMN B HOURS WORKED INDUSTRY ADVMT. \$0.15 COLUMN A HOURS WORKED M.U.S.T \$0.05 COLUMN A

TOTAL AMOUNT DUE:

*Base Pay shall include total Base Wages paid for straight time and overtime only, but shall not include Vacation and Holiday, Insurance, Pension, Apprenticeship, Annuity, International Pension, PPA, Working Dues, ndustry Advancement or M.U.S.T. contributions.

INSTRUCTIONS 1 Complete two copies of this form. Make check payable to **Cement** Masons' F.B.F. Keep one copy for

your records. Mail one copy with your check to: Chase Bank

> Attn: Cement Masons' F.B.F. Dept. 78015, P.O. Box 78000 Detroit, MI 48278-0015

2 If payment is not made by 15th of the month, simple interest will be assessed at the rate of 12% per annum.

3 Explain adjustments on reverse side and attach variance notice, if applicable

IMPORTANT

FEDERAL LAW REQUIRES EACH EMPLOYER TO FURNISH THE FOLLOWING INFORMATION

If no men were e complete:

Inactive this month
No longer working in area
Final Report - give reason

By filing this form, the undersigned employer confirms that he or it has agreed to make employee fringe benefit contributions, the detailed basis of which is as set out above.

mployed during the month please	
e this month	

CEMENT MAS	CAL #2 <u>Forema</u> SONS' FRINGE DETROIT and VIC	BENEFIT FUND	DS	FORM COMMERCIAL - EMPLOYEE DETAIL REPORT FOR EMPLOYE MONTHLY FRINGE BENEFIT REPORT						
BAC LOCAL #2 CONTRACTOR	'S NAME	WORF	(MONTH							
				COLUMN R	COLUMNIC					
			COLUMN A	COLUMN B	COLUMN C TOTAL BASE PAY					
EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	HOURS WORKED	HOURS PAID	Base Pay shall include total Base Wages paid for straight time and overtime only, but shall not include Vacation and Holiday, Insurance, Pension, Apprenticeship, Annuity, International Pension, Working Dues, Industry Advancement or M.U.S.T. contributions.					
LAST	INITIALS									
ENTER TOTAL HOURS WORKED, HOURS ON FRONT SIDE OF THIS FORM ON L		TOTALS:								
ON FROM SIDE OF THIS FORM ON L	INCO FROVIDED	1	1	1						

BAC LOCAL #2 Foreman Special Shift CEMENT MASONS' FRINGE BENEFIT FUNDS

COMMERCIAL FOREMAN SPECIAL SHIFT

REV. 06/24 EMPLOYERS MONTHLY

SIGNATURE

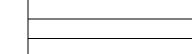
FRINGE BENEFIT REPORT

					DE	TROIT a	nd VICIN	ITY							
NAME					CODE NO.					WORKED MO	NTH/YEAR		RE	QUEST FOR F	ORMS
ADDRESS					TELEPHONE								FORM COMMERCIAL		
CITY AND S	TATE			ZIP					Report All Weekly Payroll Periods Ending In The above Month				NUMBER OF PAGES IN THIS REPORT		
PLEA	SE INDIC	ATED 1	THE COLLECTIVE BAP FRINGE	RGAINING AGREEI E BENEFIT CONTR										DN. THEN IN	NSERT THE
Check Section	Section		COMMERCIAL AGRE	Effective Dates	Health & Welfare	Vacation	Pension	Annuity	Internat'l Pension	Appr.	IMI	Working Dues	Industry Advmt.	M.U.S.T	
	AGC Contractors - Associated General Contractors of Michigan		ed General	Jun-24	\$8.97 HOURS WORKED	\$4.00 HOURS PAID	\$9.04 HOURS PAID	\$1.84 HOURS WORKED	\$1.21 HOURS WORKED	\$.40 HOURS WORKED	\$.59 HOURS WORKED	\$3.41 HOURS PAID	\$.15 HOURS WORKED	\$.05 HOURS WORKED	
			AM Contractors - Construction Association of ichigan			\$8.97 HOURS WORKED	\$4.00 HOURS PAID	\$9.04 HOURS PAID	\$1.84 HOURS WORKED	\$1.21 HOURS WORKED	\$.40 HOURS WORKED	\$.59 HOURS WORKED	\$3.41 HOURS PAID	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	B ACCM Contractors - Associated Contractors of Michigan		ated Concrete	Jun-24	\$8.97 HOURS WORKED	\$4.00 HOURS PAID	\$9.04 HOURS PAID	\$1.84 HOURS WORKED	\$1.21 HOURS WORKED	\$.40 HOURS WORKED	\$.59 HOURS WORKED	\$3.41 HOURS PAID	\$.15 HOURS WORKED	\$.05 HOURS WORKED	
TOTAL H	OURS W	ORKED	FROM		TOTAL HO	OURS PAID F	ROM			TOTAL BAS COLUMN C:	E PAY* FRO	м			
FRING	BE BEN FUND	EFIT	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIPY		TOTAL			ADJUSTMENTS				AMOUNT DUE		
HEALTH a	nd WELFAF	E	\$8.97	HOURS WOI COLUMN		\$			\$				\$		
VACATIC	N		\$4.00	HOURS PAID COLUMN B											
PENSION			\$9.04	HOURS PAID COLUMN B											
ANNUITY	,		\$1.84	HOURS WORKED COLUMN A											
INTERNAT	'L PENSIOI	4	\$1.21	HOURS WORKED COLUMN A											
APPREN	TICESHIP		\$0.40	HOURS WOI COLUMN											
IMI			\$0.59	HOURS WOI COLUMN	A										
WORKIN	G DUES		\$3.41	HOURS PA COLUMN	В										
INDUSTR	YADVM	•	\$0.15	HOURS WO COLUMN	A										
M.U.S.T			\$0.05	HOURS WOI COLUMN											
			al Base Wages paid for contributions.	straight time and ov	ertime only	, but shall not i	nclude Vacat	ion and Holida	y, Insurance, Pe			OUNT DUE: uity, Internatio	onal Pension, F	PPA, Working	g Dues, Industry
INSTRUCTIONS 1 Complete two copies of this form. Make check payable to Cement Masons' F.B.F. Keep one copy 1 your records. Mail one copy with check to: Chase Bank			pies of this form. able to Cement Keep one copy for ail one copy with your ase Bank	TO FURN If no men	IMPORTANT FEDERAL LAW REQUIRES EACH EMPLOYER TO FURNISH THE FOLLOWING INFORMATION If no men were employed during the month please complete:										it has agreed to hich is as set out
Attn: Cement Masons' F.B.F. Dept. 78015, P.O. Box 78000				Inactive th No longer	nismonth workingina	area									

Detroit, MI 48278-0015 2 If payment is not made by 15th of the month, simple interest will be assessed at the rate of 12% per annum.

3 Explain adjustments on reverse side and attach variance notice, if applicable.

No longer working in area Final Report - give reason



CEMENT MASC	L #2 <u>Foremar</u> DNS' FRINGE TROIT and VIC)S	FORM COMMERCIAL - EMPLOYEE DETAIL REPORT FOR EMP MONTHLY FRINGE BENEFIT REPORT					
BAC LOCAL #2 CONTRACTOR'S	NAME	WORK	MONTH						
			COLUMN A	COLUMN B	COLUMN C TOTAL BASE PAY				
EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	HOURS WORKED	HOURS PAID	Base Pay shall include total Base Wages paid for straight time and overtime only, but shall not include Vacation and Holiday, Insurance, Pension, Apprenticeship, Annuity, International Pension, Working Dues, Industry Advancement or M.U.S.T. contributions.				
LAST	INITIALS								
ENTER TOTAL HOURS WORKED, HOURS PAY ON FRONT SIDE OF THIS FORM ON L		TOTALS:							

-										<u>.</u>			
		IONS AR				CAL #2 <u>A</u>					FORM APPE REV 06		
	OWING	THE MON		CEMENT		-	-		JNDS		EMPLOYERS		
	WOR	KED			DET	ROIT and	VICINITY	,		F	RINGE BENER	TT REPORT	
NAME					CODE NO.				w	ORKED MONTH/YEAR	REQ	UEST FOR FOF	RMS
ADDRESS					TELEPHONE				İ				
CITY AND S	TATE			ZIP	REPORT DAT	E				ekly Payroll Periods Ending Ir The above Month	NUMBER OF PAGES IN THIS REPORT		
	SE INDIC	ATED TH			NRATES FR					K BEFORE THE APPROPRIA E BOTTOM OF THIS FORM.	ATE SECTION		ERT THE
Check Section	Section		COMMERCIAL AGREE	MENTS	Effective Dates	Health & Welfare	Vacation	Pension	Annuity	Internat'l Pension	Working Dues	Industry Advmt.	M.U.S.T.
	Α	AGC Co Michigar	ntractors - Associated Ger า	neral Contractors of	Jun-24	\$8.97 HOURS WORKED	VARIES HOURS PAID	25.38% BASE PAY	VARIES HOURS WORKED	\$1.21 HOURS WORKED	VARIES HOURS PAID	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	A 1	A1 CAM Contractors - Construction Association of Michigan		Jun-24	\$8.97 HOURS WORKED	VARIES HOURS PAID	25.38% BASE PAY	VARIES HOURS WORKED	\$1.21 HOURS WORKED	VARIES HOURS PAID	\$.15 HOURS WORKED	\$.05 HOURS WORKED	
	B ACCM Contractors - Associated Concrete Contractors of Michigan		Jun-24	\$8.97 HOURS WORKED	VARIES HOURS PAID	25.38% BASE PAY	VARIES HOURS WORKED	\$1.21 HOURS WORKED	VARIES HOURS PAID	\$.15 HOURS WORKED	\$.05 HOURS WORKED		
	TOTAL HOURS WORKED FROM COLUMN A:			TOTAL HO					TOTAL BASE PAY* FROM COLUMN C:	E PAY* FROM			
Rates From Applic		Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIPL	MULTIPLY BY		TOTAL		A	DJUSTMENTS	AN		JE	
HEALTH a	nd WELFA	RE	\$8.97		HOURS WORKED COLUMN A				\$		\$		
VACATIO	N		VARIES	TOTAL OF VACATION COLUMN ON PAGE 2									
PENSION	I		25.38%		BASE PAY COLUMN B								
ANNUITY			VARIES		TOTAL OF ANNUITY COLUMN ON PAGE 2								
INTERNAT	'L PENSIO	N	\$1.21	HOURS WO COLUMN									
WORKIN	G DUES		VARIES	TOTAL OF COLUMN ON	PAGE 2								
INDUSTR	Y ADVM	г.	\$0.15	HOURS WC COLUM									
M.U.S.T.			\$0.05	HOURS WO COLUM									
									4	TOTAL AMOUNT DUE:			
			Base Wages paid for stra ontributions.	ight time and overtime	e only, but sl	hall not include	Vacation and	Holiday, Insur	ance, Pension,	Annuity, International Pensio	n, PPA, Workin	g Dues, Indu	ustry
		INS	TRUCTIONS			IMPORTAN	NT		1				
1			ies of this form. Make Cement Masons' F.B.F.			JIRES EACH EN				By filing this form, the unde	reigned employ	er confirme	that he or it
	Keep on		your records. Mail one	TO FURN	ISH THE FO	LLOWING INFO	ORMATION			has agreed to make empl detailed basis of which is as	oyee fringe b		
	Chase Bank If no me				were emplo	oyed during the	month plea	se complete:					
	Attn: Cement Masons' F.B.F.				Inactive th	is month							
		Dept. 780 ⁻	15, P.O. Box 78000		No longer	working in area	3						
			, MI 48278-0015		Final Repo	ort - give reasor	ı				SIGNATURE		
2		terest will	made by 15th of the month I be assessed at the rate of						-				
3	3 Explain adjustments on reverse side and attach variance notice, if applicable.								-				

CEM	IENT MASO	DCAL #2 <u>App</u> NS' FRINGE E ROIT and VICIN		FORM APPRENTICE- EMPLOYEE DETAIL REPORT FOR EMPLOYER'S MONTHLY FRINGE BENEFIT REPORT									
BAC LOCAL #2 CC	ONTRACTOR'S NA	ME		WORK	MONTH		EMPL	OYER'S M	ONTHLY FF	RINGE BENI	EFIT REPORT		
	0			Jai	า-00	1							
						COLUMN A	COLUMN B				COLUMN C		
	EMPLOYEE'S NAME			WORKING DUES RATE	VACATION RATE	HOURS WORKED	HOURS PAID	ANNUITY	WORKING DUES	VACATION	TOTAL BASE PAY Base Wages paid for straight lime and overtime only, but shall not include Vacation and Holiday, Insurance, Pension, Annuity, International Pension, Working Dues, Industry Advancement or		
LAST	INITIALS		1							1			
ENTER TOTAL HOURS WORKED, SIDE OF THIS FORM					TOTALS:								

CEMENT MASON APPRENTICE ANNUITY, WORKING DUES & VACATION RATES

ANNUITY IS CALCULATED USING HOURS WORKED AND WORKING DUES AND VACATION ARE CALCULATED USING HOURS PAID INSERT THE AMOUNT OF ANNUITY ON THE EMPLOYEE DETAIL PAGE UNDER THE HEADING "ANNUITY"

	Annuity-Hours Worked	Working Dues-Hours Paid	Vacation-Hours Paid
1st 6 mos. (70%)	\$1.29	\$2.15	\$2.80
2nd 6 mos. (75%)	\$1.38	\$2.27	\$3.00
3rd 6 mos. (80%)	\$1.47	\$2.39	\$3.20
4th 6 mos. (85%)	\$1.56	\$2.51	\$3.40
5th 6 mos. (90%)	\$1.66	\$2.63	\$3.60
6th 6 mos. (95%)	\$1.75	\$2.75	\$3.80

BAC LOCAL #2 Journeyman First Shift CEMENT MASONS' FRINGE BENEFIT FUNDS ST CLAIR COUNTY

ST. CLAIR CNTY 1ST SHIFT JOURNEYMAN

REV. 06/24
EMPLOYERS MONTHLY

FRINGE BENEFIT REPORT

					-										
NAME					CODE NO.					WORKED MON	ITH/YEAR		RE	QUEST FOR F	ORMS
													FORM CO	MERCIAL	
ADDRESS					TELEPHONE										
CITY AND S	TATE			ZIP	REPORT DA	ſE			 Report All Weekly Payroll Periods Ending In The above Month 				NUMBER OF PAGES IN THIS		
													REPORT		
PLEASE	INDICATI	ED THE							IED BY PLACING A MARK BEFORE THE APPROPRIATE SECTION. THEN INSERT THE FRIN ACES PROVIDED AT THE BOTTOM OF THIS FORM.						
Check Section	Section		COMMERCIAL AGRI	EEMENTS	Effective Dates	Health & Welfare	Vacation	Pension	Annuity	Internat'l Pension	Appr.	IMI	Working Dues	Industry Advmt.	M.U.S.T
	Α		Contractors - Associate actors of Michigan	ed General	Jun-24	\$8.97 HOURS WORKED	\$.97 HOURS PAID	\$9.04 HOURS PAID	\$1.62 HOURS WORKED	\$1.21 HOURS WORKED	\$.40 HOURS WORKED	\$.59 HOURS WORKED	\$2.89 HOURS PAID	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	A 1	CAM (Michig	Contractors - Construc Jan	tion Association of	Jun-24	\$8.97 HOURS WORKED	\$.97 HOURS PAID	\$9.04 HOURS PAID	\$1.62 HOURS WORKED	\$1.21 HOURS WORKED	\$.40 HOURS WORKED	\$.59 HOURS WORKED	\$2.89 HOURS PAID	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	B ACCM Contractors - Associated Conce Contractors of Michigan		ated Concrete	Jun-24	\$8.97 HOURS WORKED	\$.97 HOURS PAID	\$9.04 HOURS PAID	\$1.62 HOURS WORKED	\$1.21 HOURS WORKED	\$.40 HOURS WORKED	\$.59 HOURS WORKED	\$2.89 HOURS PAID	\$.15 HOURS WORKED	\$.05 HOURS WORKED	
	TOTAL HOURS WORKED FROM COLUMN A:				TOTAL HOURS PAID FROM COLUMN B:				TOTAL BASE P	AY* FROM					
	FRINGE BENEFIT FUND		Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIPY	IULTIPY BY		TOTAL			ADJUSTN	IENTS		AMOUNT DUE		
HEALTH ar	nd WELFAF	E	\$8.97	HOURS WO COLUMN		\$		\$				\$			
VACATIO	N		\$0.97		HOURS PAID COLUMN B										
PENSION			\$9.04		HOURS PAID COLUMN B										
ANNUITY			\$1.62		HOURS WORKED COLUMN A										
INTERNAT'	L PENSION	I	\$1.21	HOURS WO COLUMN											
APPREN	FICESHIP		\$0.40	HOURS WO COLUMN											
IMI			\$0.59	HOURS WO COLUMN											
WORKING	G DUES		\$2.89	HOURS P COLUMN											
INDUSTR	Y ADVMT		\$0.15	HOURS WO COLUMN											
M.U.S.T			\$0.05	HOURS WO COLUMN											
											TOTAL AM	OUNT DUE:			
			I Base Wages paid for ontributions.	straight time and ov	vertime only	but shall not i	include Vaca	tion and Holid	ay, Insurance,	Pension, Apprentic	ceship, Annuit	ty, Internationa	al Pension, PPA	, Working D	ues, Industry
	INSTRUCTIONS					IMPORTA	NT]						
			pies of this form.	FEDERA	L LAW REG	UIRES EAC	H EMPLOYE	R							
	Make check payable to Cement Masons' F.B.F. Keep one copy for your records. Mail one copy with your							By filing this form, the undersigned employer confirms that he or it has agreed to make employee fringe benefit contributions, the detailed basis of which is as set out above.							
				r no men complete	o men were employed during the month please nplete:										

Attn: Cement Masons' F.B.F. Dept. 78015, P.O. Box 78000 Detroit, MI 48278-0015

2 If payment is not made by 15th of the month, simple interest will be assessed at the rate of 12% per annum.

3 Explain adjustments on reverse side and attach variance notice, if applicable.

Inactive this month No longer working in area



CEMENT MASO	#2 <u>Journeyn</u> NS' FRINGE CLAIR COU		FORM COMMERCIAL - EMPLOYEE DETAIL REPORT FOR EMPLOYER'S					
BAC LOCAL #2 CONTRACTOR'S	NAME	WORK	MONTH	_	MONTHLY FRINGE BENEFIT REPORT			
			COLUMN A	COLUMN B	COLUMN C			
EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	HOURS WORKED	HOURS PAID	TOTAL BASE PAY Base Pay shall include total Base Wages paid for straight time and overtime only, but shall not include Vacation and Holiday, Insurance, Pension, Apprenticeship, Annuity, International Pension, Working Dues, Industry Advancement or M.U.S.T. contributions.			
LAST	INITIALS							
ENTER TOTAL HOURS WORKED, HOURS P PAY ON FRONT SIDE OF THIS FORM ON LIN		TOTALS:						

BAC LOCAL #2 Journeyman Special Shift CEMENT MASONS' FRINGE BENEFIT FUNDS ST. CLAIR COUNTY

REV. 06/24 EMPLOYERS MONTHLY

FRINGE BENEFIT REPORT

NAME	ME				CODE NO.				WORKED MONTHYEAR				REQUEST FOR FORMS		
													FORM CO	MERCIAL	
ADDRESS					TELEPHONE								1		
CITY AND ST	ATE			ZIP	REPORT DATE				Report All We	eekly Payroll Pe Mor		In The above	NUMBER OF PAGES IN THIS REPORT		
PLEAS		IED THI	E COLLECTIVE BARG		ENT UNDEF	R WHICH THE	WORK WAS	PERFORMED	BY PLACING	A MARK BEF	ORE THE AP	PROPRIATE	SECTION. TH	HEN INSERT	THE FRINGE
			E	BENEFIT CONTRIB	UTION RAT	TES FROM THA	T SECTION	IN THE SPAC	ES PROVIDED	AT THE BOTT	FOM OF THIS	FORM.			
Check Section	Section		COMMERCIAL AGRE	EMENTS	Effective Dates	Health & Welfare	Vacation	Pension	Annuity	Internat'l Pension	Appr.	імі	Working Dues	Industry Advmt.	M.U.S.T
	Α		Contractors - Associate actors of Michigan	ed General	Jun-24	\$8.97 HOURS WORKED	\$.97 HOURS PAID	\$9.04 HOURS PAID	\$1.62 HOURS WORKED	\$1.21 HOURS WORKED	\$.40 HOURS WORKED	\$.59 HOURS WORKED	\$3.14 HOURS PAID	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	A 1	CAM (Michig	Contractors - Construc jan	tion Association of	Jun-24	\$8.97 HOURS WORKED	\$.97 HOURS PAID	\$9.04 HOURS PAID	\$1.62 HOURS WORKED	\$1.21 HOURS WORKED	\$.40 HOURS WORKED	\$.59 HOURS WORKED	\$3.14 HOURS PAID	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	В	ACCM Contractors - Associated Concrete Contractors of Michigan			Jun-24	\$8.97 HOURS WORKED	\$.97 HOURS PAID	\$9.04 HOURS PAID	\$1.62 HOURS WORKED	\$1.21 HOURS WORKED	\$.40 HOURS WORKED	\$.59 HOURS WORKED	\$3.14 HOURS PAID	\$.15 HOURS WORKED	\$.05 HOURS WORKED
TOTAL H		ORKED	FROM			OURS PAID FR	М		1	TOTAL BAS COLUMN C:	E PAY* FRO	N			
FRING	COLUMN A: FRINGE BENEFIT FUND From A			MULTIPY	COLUMN	TOTAL			ADJUSTMENTS				4		DUE
HEALTH a	nd WELFAI	RE	(See Above) \$8.97	HOURS WO		\$			\$				\$		
VACATIC	N		\$0.97		HOURS PAID COLUMN B										
PENSION			\$9.04	HOURS PAID COLUMN B											
ΑΝΝυΠΥ	,		\$1.62	HOURS WORKED COLUMN A											
INTERNAT	'l Pensioi	N	\$1.21	HOURS WO COLUMN											
APPREN	TICESHIP		\$0.40	HOURS WO											
імі			\$0.59	HOURS WO COLUMN											
WORKIN	G DUES		\$3.14	HOURS PA COLUMN											
INDUSTR		г.	\$0.15	HOURS WO COLUMN											
M.U.S.T			\$0.05	HOURS WO COLUMN											
												OUNT DUE:			
*Base Pay shall include total Base Wages paid for straight time and overtime only, but shall not include Vacation and Holic Advancement or M.U.S.T. contributions.						n and Holiday,	Insurance, Pens	sion, Apprentice	eship, Annuity	International	Pension, PPA,	Working Due	es, Industry		
						IMPORTA									
	 Complete two copies of this form. Make check payable to Cement Masons F.B.F. Keep one copy for your records. Mail one copy with your check to: 		TO FURN	ERAL LAW REQUIRES EACH EMPLOYER URNISH THE FOLLOWING INFORMATION men were employed during the month please				By filing this form, the undersigned employer confirms that he or it has agreed to make employee fringe benefit contributions, the detailed basis of which is as set out above.							
Check to: Chase Bank				complete		,									

Attn: Cement Masons' F.B.F. Dept. 78015, P.O. Box 78000 Detroit, MI 48278-0015

2 If payment is not made by 15th of the month, simple interest will be assessed at the rate of 12% per annum.

3 Explain adjustments on reverse side and attach variance notice, if applicable.

Inactive this month No longer working in area



CEMENT MASC	#2 <u>Journeym</u> DNS' FRINGE T. CLAIR CO	<u>nan Special Shift</u> E BENEFIT FUND UNTY	S	FORM COMMERCIAL - EMPLOYEE DETAIL REPORT FOR EMPLOYER'S				
BAC LOCAL #2 CONTRACTOR'S	NAME	WORK	MONTH	_	MONTHLY FRINGE BENEFIT REPORT			
			COLUMN A	COLUMN B	COLUMN C TOTAL BASE PAY			
EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	HOURS WORKED	HOURS PAID	Base Pay shall include total Base Wages paid for straight time and overtime only, but shall not include Vacation and Holiday, Insurance, Pension, Apprenticeship, Annully, International Pension, Working Dues, Industry Advancement or M.U.S.T. contributions.			
LAST	INITIALS							
ENTER TOTAL HOURS WORKED, HOURS F PAY ON FRONT SIDE OF THIS FORM ON LI		TOTALS:						

BAC LOCAL #2 Foreman First Shift CEMENT MASONS' FRINGE BENEFIT FUNDS

ST CLAIR FOREMAN 1ST SHIFT

REV. 06/24 EMPLOYERS MONTHLY FRINGE BENEFIT REPORT

ST. CLAIR COUNTY NAME WORKED MONTH/YEAR REQUEST FOR FORMS CODE NO FORM COMMERCIAL ADDRESS TELEPHONE NUMBER OF Report All Weekly Payroll Periods Ending In The above CITY AND STATE ZIP REPORT DATE PAGES IN THIS Month REPORT PLEASE INDICATED THE COLLECTIVE BARGAINING AGREEMENT UNDER WHICH THE WORK WAS PERFORMED BY PLACING A MARK BEFORE THE APPROPRIATE SECTION. THEN INSERT THE FRINGE BENEFIT CONTRIBUTION RATES FROM THAT SECTION IN THE SPACES PROVIDED AT THE BOTTOM OF THIS FORM. Check Effective Health & Internat'l Industry Section COMMERCIAL AGREEMENTS Vacation Pension Annuity Appr. IMI Working Dues M.U.S.T Section Dates Welfare Pension Advmt \$8.97 \$1.62 \$1.21 \$.40 \$.59 \$.05 \$.97 \$9.04 \$2.99 \$.15 AGC Contractors - Associated General Α Jun-24 HOURS HOURS HOURS PAID HOURS HOURS HOURS HOURS HOURS HOURS HOURS Contractors of Michigan WORKED PAID WORKED WORKED WORKED WORKED PAID WORKED WORKED \$8.97 \$1.62 \$.05 \$.97 \$9.04 \$1.21 \$.40 \$.59 \$2.99 \$.15 CAM Contractors - Construction Association of **A**1 Jun-24 HOURS Michigan WORKED PAID PAID WORKED WORKED WORKED WORKED PAID WORKED WORKED \$1.21 \$8.97 \$.97 \$9.04 \$1.62 \$.40 \$.59 \$2.99 \$.15 \$.05 ACCM Contractors - Associated Concrete В HOURS HOURS HOURS HOURS HOURS HOURS Jun-24 HOURS HOURS HOURS HOURS Contractors of Michigan WORKED TOTAL HOURS WORKED FROM TOTAL HOURS PAID FROM TOTAL BASE PAY* FROM COLUMN A COLUMN B COLUMN C: Enter Below the FRINGE BENEFIT Contribution Rates rom Applicable Section MULTIPY BY TOTAL ADJUSTMENTS AMOUNT DUE FUND (See Above) HOURS WORKED \$ \$ \$ HEALTH and WELFARE \$8.97 COLUMN A HOURS PAID VACATION \$0.97 COLUMN B HOURS PAID PENSION \$9.04 COLUMN B HOURS WORKED ANNUITY \$1.62 COLUMN A HOURS WORKED INTERNAT'L PENSION \$1.21 COLUMN A HOURS WORKED APPRENTICESHIP \$0.40 COLUMN A HOURS WORKED \$0.59 IMI COLUMN A HOURS PAID WORKING DUES \$2.99 COLUMN B HOURS WORKED INDUSTRY ADVMT. \$0.15 COLUMN A HOURS WORKED M.U.S.T \$0.05 COLUMN A TOTAL AMOUNT DUE: *Base Pay shall include total Base Wages paid for straight time and overtime only, but shall not include Vacation and Holiday, Insurance, Pension, Apprenticeship, Annuity, International Pension, PPA, Working Dues, Industry Advancement or M.U.S.T. contributions. INSTRUCTIONS IMPORTANT 1 Complete two copies of this form. FEDERAL LAW REQUIRES FACH EMPLOYER Make check payable to Cement By filing this form, the undersigned employer confirms that he or it has agreed to TO FURNISH THE FOLLOWING INFORMATION Masons' F.B.F. Keep one copy for make employee fringe benefit contributions, the detailed basis of which is as set out your records. Mail one copy with your above. check to: If no men were employed during the month please complete: Chase Bank Attn: Cement Masons' F.B.F. Inactive this month Dept. 78015, P.O. Box 78000 No longer working in area SIGNATURE

Detroit, MI 48278-0015 2 If payment is not made by 15th of the month, simple interest will be assessed at the rate of 12% per annum.

3 Explain adjustments on reverse side and attach variance notice, if applicable

Final Report - give reason

CEMENT MASC	AL #2 <u>Forema</u> DNS' FRINGE I. CLAIR COU	BENEFIT FUND)S	FORM COMMERCIAL - EMPLOYEE DETAIL REPORT FOR EMPLOYER						
BAC LOCAL #2 CONTRACTOR'S	NAME	WORK	(MONTH		MONTHLY FRINGE BENEFIT REPORT					
				001111110						
			COLUMN A	COLUMN B	COLUMN C TOTAL BASE PAY					
EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	HOURS WORKED	HOURS PAID	Base Pay shall include total Base Wages paid for straight time and overtime only, but shall not include Vacation and Holiday, Insurance, Pension, Apprenticeship, Annuity, International Pension, Working Dues, Industry Advancement or M.U.S.T. contributions.					
LAST	INITIALS									
	1									
ENTER TOTAL HOURS WORKED, HOURS PAY ON FRONT SIDE OF THIS FORM ON L	PAID AND BASE	TOTALS:								

BAC LOCAL #2 Foreman Special Shift **CEMENT MASONS' FRINGE BENEFIT FUNDS**

ST CLAIR FOREMAN SPECIAL SHIFT REV. 06/24

EMPLOYERS MONTHLY FRINGE BENEFIT REPORT

					3	I. CLAI		11							
NAME					CODE NO.					WORKED M	IONTH/YEAR		FORM CON	EQUEST FOR FO	RMS
ADDRESS					TELEPHONE				_						
CITY AND ST	ATE			ZIP	REPORT DATE	<u>-</u>			Report All Weekly Payroll Periods Ending In The above Month				NUMBER OF PAGES IN THIS REPORT		
PLEAS	SE INDICA	TED TH	HE COLLECTIVE BAR	GAINING AGREEN BENEFIT CONTRI									SECTION. TH	EN INSERT	THE FRINGE
Check Section	Section		COMMERCIAL AGRE	EMENTS	Effective Dates	Health & Welfare	Vacation	Pension	Annuity	Internat'l Pension	Appr.	імі	Working Dues	Industry Advmt.	M.U.S.T
	Α		Contractors - Associate actors of Michigan	ed General	Jun-24	\$8.97 HOURS WORKED	\$.97 HOURS PAID	\$9.04 HOURS PAID	\$1.62 HOURS WORKED	\$1.21 HOURS WORKED	\$.40 HOURS WORKED	\$.59 HOURS WORKED	\$3.25 HOURS PAID	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	A1 CAM Contractors - Construction Association of Michigan		tion Association of	Jun-24	\$8.97 HOURS WORKED	\$.97 HOURS PAID	\$9.04 HOURS PAID	\$1.62 HOURS WORKED	\$1.21 HOURS WORKED	\$.40 HOURS WORKED	\$.59 HOURS WORKED	\$3.25 HOURS PAID	\$.15 HOURS WORKED	\$.05 HOURS WORKED	
	B ACCM Contractors - Associated Concrete Contractors of Michigan			Jun-24	\$8.97 HOURS WORKED	\$.97 HOURS PAID	\$9.04 HOURS PAID	\$1.62 HOURS WORKED	\$1.21 HOURS WORKED	\$.40 HOURS WORKED	\$.59 HOURS WORKED	\$3.25 HOURS PAID	\$.15 HOURS WORKED	\$.05 HOURS WORKED	
	TOTAL HOURS WORKED FROM COLUMN A:			TOTAL H	URS PAID F	ROM			TOTAL BA	I SE PAY* FR	OM	I			
FRING	FRINGE BENEFIT FUND			MULTIPY			TOTAL		ADJUSTMENTS			AMOUNT DUE			
HEALTH a	nd WELFA	RE	\$8.97	HOURS WO COLUMN		\$			\$				\$		
VACATIC	N		\$0.97	HOURS P. COLUMN											
PENSION	I		\$9.04	HOURS P. COLUMN											
ANNUITY	,		\$1.62	HOURS WO COLUMN											
INTERNAT	'L PENSIOI	N	\$1.21	HOURS WO COLUMN											
APPREN	TICESHIP		\$0.40	HOURS WO COLUMN	I A										
імі			\$0.59	HOURS WO COLUMN	I A										
WORKIN	G DUES		\$3.25	HOURS P. COLUMN	IВ										
INDUSTR		r.	\$0.15	HOURS WO COLUMN	IA										
M.U.S.T			\$0.05	HOURS WO COLUMN											
*Boco D-	v chall in-1	ido tot-	I Base Wages paid for	otraight time and	ortime on the	but chall act :			Irongo Danai	Appropriation		NOUNT DUE:		orking Dur-	Inducto:
		J.S.T. c	ontributions.	straight time and of	/ertime only			rand Holiday, inst	urance, Pension,	, Apprentices	mp, Annuity, I	international P	ension, ppa, w	Orking Dues	, maasii y
1		two cop	RUCTIONS pies of this form.	FEDERA	L LAW REG	IMPOR DUIRES EACI	TANT HEMPLOYER								
1			able to Cement Keep one copy for	TO FURM	NISH THE F	OLLOWING I	NFORMATION								it has agreed to hich is as set out
			ail one copy with your							above.	syee minge be		ions, the detaile	50 DA313 OF W	
	Chase Bank		were emp	loyed during	the month ple	ase complete:									
	Attn		nt Masons' F.B.F.		Inactive th	nis month									
	Dept	. 78015	i, P.O. Box 78000		No longer	working in a	area								
1	Detroit, MI 48278-0015					ort - give rea	son		SIGNATURE						

2 If payment is not made by 15th of the month, simple interest will be assessed at the rate of 12% per annum.

3 Explain adjustments on reverse side and attach variance notice, if applicable.

Final Report - give reason

CEMENT MAS	AL #2 <u>Forem</u> SONS' FRING ST. CLAIR CO	<u>an Special Shift</u> E BENEFIT FUN)UNTY	DS	FORM COMMERCIAL - EMPLOYEE DETAIL REPORT FOR EMPLOY					
BAC LOCAL #2 CONTRACTOR'S	NAME	WOF	RK MONTH		MONTHLY FRINGE BENEFIT REPORT				
			COLUMN A	COLUMN B	COLUMN C				
					TOTAL BASE PAY				
EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	HOURS WORKED	HOURS PAID	Base Pay shall include total Base Wages paid for straight time and overtime only, but shall not include Vacation and Holiday, Insurance, Pension, Apprenticeship, Annuity, International Pension, Working Dues, Industry Advancement or M.U.S.T. contributions.				
LAST	INITIALS								
ENTER TOTAL HOURS WORKED, HOURS PAY ON FRONT SIDE OF THIS FORM ON L		TOTALS:							

ALL CO	NTRIBUT	IONS AR	REDUE	R		CAI #2		ENTICE				FORM APP	RENTICE		
BY THE 15TH OF THE MONITH					BAC LOCAL #2 <u>APPRENTICE</u> NT MASONS' FRINGE BENEFIT ST. CLAIR COUNTY							REV 06/24 EMPLOYERS MONTHLY FRINGE BENEFIT REPORT			
NAME					CODE NO.				WORKED MONTH/YEAR			REQUEST FOR FORMS			
ADDRESS CITY AND STATE ZIP					TELEPHONE REPORT DATE				- Report All Weekly Payroll Periods Ending In The above Month			NUMBER OF PAGES IN THIS REPORT			
PLEAS	E INDICA	TED THE	E COLLECTIVE BARGAINI THE FRINGE BENE										ION. THEN	INSERT	
Check Section			COMMERCIAL AGREEMENTS			Health & Welfare	Vacation	Pension	Annuity	Internat'l F	ension	Working Dues	Industry Advmt.	M.U.S.T.	
				Associated General Contractors of		\$8.97 HOURS WORKED	VARIES HOURS PAID	25.38% BASE PAY	VARIES HOURS WORKED	\$1.2 HOUF WORK	RS	VARIES HOURS PAID	\$.15 HOURS WORKED	\$.05 HOURS WORKED	
A1 Michiga		CAM Co Michiga	CM Contractors - Associated Concrete Contractors			\$8.97 HOURS WORKED	VARIES HOURS PAID	25.38% BASE PAY	VARIES HOURS WORKED	\$1.2 HOUF WORK	RS	VARIES HOURS PAID	\$.15 HOURS WORKED	\$.05 HOURS WORKED	
		ACCM (of Michi				\$8.97 HOURS WORKED	VARIES HOURS PAID	25.38% BASE PAY	VARIES HOURS WORKED	\$1.2 HOUF WORK	RS	VARIES HOURS PAID	\$.15 HOURS WORKED	\$.05 HOURS WORKED	
	TOTAL HOURS WORKED FROM				TOTAL HOURS PAID FROM				TOTAL BASE PAY* FROM						
COLUMN A: FRINGE BENEFIT FUND			Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIPL		BY TOTAL			ADJUSTMENTS		6	AMOUNT DUE			
HEALTH and WELFARE			\$8.97	HOURS WORKED COLUMN A		\$		\$		\$					
VACATIC	ON		VARIES		TOTAL OF VACATION COLUMN ON PAGE 2										
PENSION			25.38%	BASE PACE											
ANNUITY			VARIES	TOTAL OF AI COLUMN ON											
INTERNAT'L PENSION			\$1.21	HOURS WO COLUMN											
WORKING DUES			VARIES	TOTAL OF COLUMN ON											
INDUSTRY ADVMT.			\$0.15	HOURS WO COLUMN											
M.U.S.T.			\$0.05	HOURS WO COLUM											
			1							TOTAL AM	OUNT DUE:				
			l Base Wages paid for straig ontributions.	ght time and overtin	ne only, bu	t shall not incl	ude Vacation	and Holiday, I	Insurance, Pensi	on, Annuity, Inter	national Pen	sion, PPA, Wo	rking Dues,	Industry	
check payable to Cement Masons' F.B.F. Keep one copy for your records. Mail one copy with your check to:				IMPORTANT AL LAW REQUIRES EACH EMPLOYER NISH THE FOLLOWING INFORMATION n were employed during the month please				By filing this form, the undersigned employer confirms that he or it has agreed to make employee fringe benefit contributions, the detailed basis of which is as set out above.							
Chase Bank complete Attn: Cement Masons' F.B.F.															
Dept. 78015, P.O. Box 78000				Inactive this month No longer working in area											
Detroit, MI 48278-0015 2 If payment is not made by 15th of the month, simple interest will be assessed at the rate of 12% per annum.					Final Report - give reason						:	SIGNATURE			
3 Explain adjustments on reverse side and attach variance notice, if applicable.								1							

СЕМЕ	BAC LOCAL #2 <u>Apprentice</u> CEMENT MASONS' FRINGE BENEFIT FUNDS ST. CLAIR COUNTY								FORM APPRENTICE- EMPLOYEE DETAIL REPORT FOR					
BAC LOCAL #2 CC	WORK MONTH				EMPLOYER'S MONTHLY FRINGE BENEFIT REPORT									
0				Jan-00				1						
	SOCIAL EMPLOYEE'S NAME SECURITY NUMBER			WORKING	VACATION	COLUMN A	COLUMN B		WORKING	VACATION	COLUMN C TOTAL BASE PAY total Base Wages paid for			
EMPLOYEE 5 NAM				DUES RATE RATE		HOURS WORKED	HOURS PAID	ANNUITY	DUES	VACATION	straight time and overtime only, but shall not include Vacation and Holiday, Insurance, Pension, Annuity, International Pension, Working Dues,			
LAST	INITIALS		T											
ENTER TOTAL HOURS WORK				1	TOTALS:					1	1			
	-		1			1	1		1					

CEMENT MASON APPRENTICE ANNUITY, WORKING DUES & VACATION RATES

ANNUITY IS CALCULATED USING HOURS WORKED AND WORKING DUES AND VACATION ARE CALCULATED USING HOURS PAID INSERT THE AMOUNT OF ANNUITY ON THE EMPLOYEE DETAIL PAGE UNDER THE HEADING "ANNUITY"

	Annuity-Hours Worked	Working Dues-Hours Paid	Vacation-Hours Paid
1st 6 mos. (70%)	\$1.13	\$2.05	\$0.68
2nd 6 mos. (75%)	\$1.22	\$2.16	\$0.73
3rd 6 mos. (80%)	\$1.30	\$2.27	\$0.78
4th 6 mos. (85%)	\$1.38	\$2.38	\$0.82
5th 6 mos. (90%)	\$1.46	\$2.49	\$0.87
6th 6 mos. (95%)	\$1.54	\$2.60	\$0.92
ANNUITY, WORKING DUES & VACA	ATION CONTRIBUTIONS A	RE PAID AT THE ABOVE R	ATES