

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

**OPCMIA LOCAL #514
Journeyman
CEMENT MASONS' FRINGE BENEFIT FUNDS
DETROIT and VICINITY**

FORM FIRST SHIFT JOURNEYMAN
REV. 06/23
EMPLOYERS MONTHLY
FRINGE BENEFIT REPORT

NAME		CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS FORM FIRST SHIFT JOURNEYMAN <input type="checkbox"/>
ADDRESS		TELEPHONE	Report All Weekly Payroll Periods Ending In The above Month	NUMBER OF PAGES IN THIS REPORT <input type="checkbox"/>
CITY AND STATE	ZIP	REPORT DATE		

PLEASE INDICATE 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	International Pension	Int'l Appr Trng Fund	Appr.	Working Dues	Industry Advmt.	M.U.S.T
	A	AGC Contractors - Associated General Contractors of Michigan	Jun-23	\$7.60 HOURS WORKED	\$5.20 HOURS PAID	\$9.04 HOURS PAID	\$2.56 HOURS WORKED	\$1.10 HOURS WORKED	\$0.08 HOURS WORKED	\$0.45 HOURS WORKED	\$1.44 HOURS WORKED	\$0.15 HOURS WORKED	\$0.05 HOURS WORKED
	A1	CAM Contractors - Construction Association of Michigan	Jun-23	\$7.60 HOURS WORKED	\$5.20 HOURS PAID	\$9.04 HOURS PAID	\$2.56 HOURS WORKED	\$1.10 HOURS WORKED	\$0.08 HOURS WORKED	\$0.45 HOURS WORKED	\$1.44 HOURS WORKED	\$0.15 HOURS WORKED	\$0.05 HOURS WORKED
	B	ACCM Contractors - Associated Concrete Contractors of Michigan	Jun-23	\$7.60 HOURS WORKED	\$5.20 HOURS PAID	\$9.04 HOURS PAID	\$2.56 HOURS WORKED	\$1.10 HOURS WORKED	\$0.08 HOURS WORKED	\$0.45 HOURS WORKED	\$1.44 HOURS WORKED	\$0.15 HOURS WORKED	\$0.05 HOURS WORKED

TOTAL HOURS WORKED FROM COLUMN A:	0.00	TOTAL HOURS PAID FROM COLUMN B:	0.00
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FRINGE BENEFIT FUND	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIPLY BY	TOTAL	ADJUSTMENTS	AMOUNT DUE
HEALTH and WELFARE	\$7.60	HOURS WORKED COLUMN A	\$ 0.00		\$ 0.00
VACATION	\$5.20	HOURS PAID COLUMN B	0.00		0.00
PENSION	\$9.04	HOURS PAID COLUMN B	0.00		0.00
ANNUITY	\$2.56	HOURS WORKED COLUMN A	0.00		0.00
INTERNAT'L PENSION	\$1.10	HOURS WORKED COLUMN A	0.00		0.00
INT'L APPR TRNG FUND	\$0.08	HOURS WORKED COLUMN A	0.00		0.00
APPRENTICESHIP	\$0.45	HOURS WORKED COLUMN A	0.00		0.00
WORKING DUES	\$1.44	HOURS WORKED COLUMN A	0.00		0.00
INDUSTRY ADVMT.	\$0.15	HOURS WORKED COLUMN A	0.00		0.00
M.U.S.T	\$0.05	HOURS WORKED COLUMN A	0.00		0.00
TOTAL AMOUNT DUE:					\$ -

<p>INSTRUCTIONS</p> <p>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:</p> <p align="center">Chase Bank Attn: Cement Masons' F.B.F. Dept. 78015, P.O. Box 78000 Detroit, MI 48278-0015</p> <p>2 If payment is not made by 15th of the month, simple interest will be assessed at the rate of 12% per annum.</p> <p>3 Explain adjustments on reverse side and attach variance notice, if applicable.</p>	<p align="center">IMPORTANT</p> <p align="center">FEDERAL LAW REQUIRES EACH EMPLOYER TO FURNISH THE FOLLOWING INFORMATION</p> <p>If no men were employed during the month please complete:</p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Inactive this month</td> </tr> <tr> <td><input type="checkbox"/></td> <td>No longer working in area</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Final Report - give reason</td> </tr> </table>	<input type="checkbox"/>	Inactive this month	<input type="checkbox"/>	No longer working in area	<input type="checkbox"/>	Final Report - give reason	<p>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.</p> <p align="right">SIGNATURE</p>
<input type="checkbox"/>	Inactive this month							
<input type="checkbox"/>	No longer working in area							
<input type="checkbox"/>	Final Report - give reason							

**OPCMIA LOCAL #514 Journeyman
CEMENT MASONS' FRINGE BENEFIT FUNDS
DETROIT and VICINITY**

**FORM FIRST SHIFT
JOURNEYMAN - EMPLOYEE
DETAIL REPORT FOR
EMPLOYER'S MONTHLY
FRINGE BENEFIT REPORT**

OPCMIA LOCAL #514 CONTRACTOR'S NAME

WORK MONTH

0

Jan-00

EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	COLUMN A	COLUMN B
			HOURS WORKED	HOURS PAID
LAST	INITIALS			
ENTER TOTAL HOURS WORKED AND HOURS PAID ON FRONT SIDE OF THIS FORM ON LINES PROVIDED		TOTALS:	0.00	0.00

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

OPCMIA LOCAL #514
Journeyman
CEMENT MASONS' FRINGE BENEFIT FUNDS
DETROIT and VICINITY

FORM SPECIAL SHIFT JOURNEYMAN
 REV. 06/23
EMPLOYERS MONTHLY
FRINGE BENEFIT REPORT

NAME		CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS FORM SPECIAL SHIFT JOURNEYMAN <input type="checkbox"/>
ADDRESS		TELEPHONE	Report All Weekly Payroll Periods Ending In The above Month	NUMBER OF PAGES IN THIS REPORT <input type="checkbox"/>
CITY AND STATE	ZIP	REPORT DATE		

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Check Section	Section	COMMERCIAL AGREEMENTS	Effective Dates	Health & Welfare	Vacation	Pension	Annuity	International Pension	Int'l Appr Trng Fund	Appr.	Working Dues	Industry Advmt.	M.U.S.T
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TOTAL HOURS WORKED FROM COLUMN A:		TOTAL HOURS PAID FROM COLUMN B:	
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FRINGE BENEFIT FUND	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIPLY BY	TOTAL	ADJUSTMENTS	AMOUNT DUE
HEALTH and WELFARE	\$7.60	HOURS WORKED COLUMN A	\$	\$	\$
VACATION	\$5.20	HOURS PAID COLUMN B			
PENSION	\$9.04	HOURS PAID COLUMN B			
ANNUITY	\$2.56	HOURS WORKED COLUMN A			
INTERNAT'L PENSION	\$1.10	HOURS WORKED COLUMN A			
INT'L APPR TRNG FUND	\$0.08	HOURS WORKED COLUMN A			
APPRENTICESHIP	\$0.45	HOURS WORKED COLUMN A			
WORKING DUES	\$1.60	HOURS WORKED COLUMN A			
INDUSTRY ADVMT.	\$0.15	HOURS WORKED COLUMN A			
M.U.S.T	\$0.05	HOURS WORKED COLUMN A			
TOTAL AMOUNT DUE:					

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<input type="checkbox"/>	Inactive this month							
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**OPCMIA LOCAL #514 Journeyman
CEMENT MASONS' FRINGE BENEFIT FUNDS
DETROIT and VICINITY**

**FORM SPECIAL SHIFT
JOURNEYMAN - EMPLOYEE
DETAIL REPORT FOR
EMPLOYER'S MONTHLY
FRINGE BENEFIT REPORT**

OPCMIA LOCAL #514 CONTRACTOR'S NAME

WORK MONTH

EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	COLUMN A	COLUMN B
			HOURS WORKED	HOURS PAID
LAST	INITIALS			
ENTER TOTAL HOURS WORKED AND HOURS PAID ON FRONT SIDE OF THIS FORM ON LINES PROVIDED		TOTALS:		

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

**OPCMIA LOCAL #514
Foreman
CEMENT MASONS' FRINGE BENEFIT FUNDS
DETROIT and VICINITY**

FORM FIRST SHIFT FOREMAN
REV. 06/23
EMPLOYERS MONTHLY
FRINGE BENEFIT REPORT

NAME	CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS FORM FIRST SHIFT FOREMAN <input type="checkbox"/>
ADDRESS	TELEPHONE	Report All Weekly Payroll Periods Ending In The above Month	NUMBER OF PAGES IN THIS REPORT <input type="checkbox"/>
CITY AND STATE	ZIP		
REPORT DATE			

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	A1	CAM Contractors - Construction Association of Michigan	Jun-23	\$7.60 HOURS WORKED	\$5.20 HOURS PAID	\$9.04 HOURS PAID	\$2.56 HOURS WORKED	\$1.10 HOURS WORKED	\$0.08 HOURS WORKED	\$0.45 HOURS WORKED	\$1.50 HOURS WORKED	\$0.15 HOURS WORKED	\$0.05 HOURS WORKED
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TOTAL HOURS WORKED FROM COLUMN A:		TOTAL HOURS PAID FROM COLUMN B:	
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FRINGE BENEFIT FUND	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIPLY BY	TOTAL	ADJUSTMENTS	AMOUNT DUE
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WORKING DUES	\$1.50	HOURS WORKED COLUMN A			
INDUSTRY ADVMT.	\$0.15	HOURS WORKED COLUMN A			
M.U.S.T	\$0.05	HOURS WORKED COLUMN A			
TOTAL AMOUNT DUE:					

INSTRUCTIONS

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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 employed during the month please 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.

SIGNATURE

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OPCMIA LOCAL #514
Foreman
CEMENT MASONS' FRINGE BENEFIT FUNDS
DETROIT and VICINITY

FORM SPECIAL SHIFT FOREMAN
 REV. 06/23
 EMPLOYERS MONTHLY
 FRINGE BENEFIT REPORT

NAME	CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS FORM SPECIAL SHIFT FOREMAN <input type="checkbox"/>
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	A1	CAM Contractors - Construction Association of Michigan	Jun-23	\$7.60 HOURS WORKED	\$5.20 HOURS PAID	\$9.04 HOURS PAID	\$2.56 HOURS WORKED	\$1.10 HOURS WORKED	\$0.08 HOURS WORKED	\$0.45 HOURS WORKED	\$1.66 HOURS WORKED	\$0.15 HOURS WORKED	\$0.05 HOURS WORKED
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TOTAL HOURS WORKED FROM COLUMN A:		TOTAL HOURS PAID FROM COLUMN B:	
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INDUSTRY ADVMT.	\$0.15	HOURS WORKED COLUMN A			
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TOTAL AMOUNT DUE:					

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**OPCMIA LOCAL #514 Foreman
CEMENT MASONS' FRINGE BENEFIT FUNDS
DETROIT and VICINITY**

**FORM SPECIAL SHIFT
FOREMAN - EMPLOYEE DETAIL
REPORT FOR EMPLOYER'S
MONTHLY FRINGE BENEFIT
REPORT**

OPCMIA LOCAL #514 CONTRACTOR'S NAME

WORK MONTH

EMPLOYEE'S NAME

SOCIAL
SECURITY
NUMBER

COLUMN A

COLUMN B

HOURS
WORKED

HOURS
PAID

LAST

INITIALS

ENTER TOTAL HOURS WORKED AND HOURS PAID
ON FRONT SIDE OF THIS FORM ON LINES PROVIDED

TOTALS:

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

OPCMIA LOCAL #514 APPRENTICE CEMENT MASONS' FRINGE BENEFIT FUNDS DETROIT and VICINITY

FORM APPRENTICE
REV 06/23
EMPLOYERS MONTHLY
FRINGE BENEFIT REPORT

NAME	CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS FORM APPRENTICE <input type="checkbox"/>
ADDRESS	TELEPHONE	Report All Weekly Payroll Periods Ending In The above Month	NUMBER OF PAGES IN THIS REPORT <input style="width: 40px; height: 20px;" type="text"/>
CITY AND STATE	ZIP		

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Check Section	Section	COMMERCIAL AGREEMENTS	Effective Dates	Health & Welfare	Vacation	Pension	Annuity	International Pension	Int'l Appr Trng Fund	Working Dues	Industry Advmt.	M.U.S.T.
	A	AGC Contractors - Associated General Contractors of Michigan	Jun-23	\$7.60 HOURS WORKED	13% BASE PAY	24.6% BASE PAY	\$2.56 HOURS WORKED	\$1.10 HOURS WORKED	\$0.08 HOURS WORKED	4% BASE PAY	\$0.15 HOURS WORKED	\$0.05 HOURS WORKED
	A1	CAM Contractors - Construction Association of Michigan	Jun-23	\$7.60 HOURS WORKED	13% BASE PAY	24.6% BASE PAY	\$2.56 HOURS WORKED	\$1.10 HOURS WORKED	\$0.08 HOURS WORKED	4% BASE PAY	\$0.15 HOURS WORKED	\$0.05 HOURS WORKED
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TOTAL HOURS WORKED FROM COLUMN A: <input style="width: 100px;" type="text"/>	TOTAL BASE PAY* FROM COLUMN B: <input style="width: 100px;" type="text"/>
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FRINGE BENEFIT FUND	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIPLY BY	TOTAL	ADJUSTMENTS	AMOUNT DUE
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VACATION	13.00%	BASE PAY COLUMN B			
PENSION	24.60%	BASE PAY COLUMN B			
ANNUITY	\$2.56	HOURS WORKED COLUMN A			
INTERNAT'L PENSION	\$1.10	HOURS WORKED COLUMN A			
INT'L APPR TRNG FUND	\$0.08	HOURS WORKED COLUMN A			
WORKING DUES	4.00%	BASE PAY COLUMN B			
INDUSTRY ADVMT.	\$0.15	HOURS WORKED COLUMN A			
M.U.S.T.	\$0.05	HOURS WORKED COLUMN A			
TOTAL AMOUNT DUE:					<input style="width: 100px;" type="text"/>

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

<p style="text-align: center;">INSTRUCTIONS</p> <p>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:</p> <p style="text-align: center;">Chase Bank Attn: Cement Masons' F.B.F. Dept. 78015, P.O. Box 78000 Detroit, MI 48278-0015</p> <p>2 If payment is not made by 15th of the month, simple interest will be assessed at the rate of 12% per annum.</p> <p>3 Explain adjustments on reverse side and attach variance notice, if applicable.</p>	<p style="text-align: center;">IMPORTANT</p> <p>FEDERAL LAW REQUIRES EACH EMPLOYER TO FURNISH THE FOLLOWING INFORMATION</p> <p>If no men were employed during the month please complete:</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td>Inactive this month</td> </tr> <tr> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td>No longer working in area</td> </tr> <tr> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td>Final Report - give reason</td> </tr> </table>		Inactive this month		No longer working in area		Final Report - give reason	<p>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.</p> <p style="text-align: right; margin-top: 20px;">_____ SIGNATURE</p>
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	Final Report - give reason							

<p>OPCMIA LOCAL #514 APPRENTICE CEMENT MASONS' FRINGE BENEFIT FUNDS DETROIT and VICINITY</p>	<p>FORM APPRENTICE - EMPLOYEE DETAIL REPORT FOR EMPLOYER'S MONTHLY FRINGE BENEFIT REPORT</p>	
OPCMIA LOCAL #514 CONTRACTOR'S NAME	WORK MONTH	

EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	COLUMN A	COLUMN B
			HOURS WORKED	TOTAL BASE PAY
LAST	INITIALS			Base Pay shall include total Base Wages paid for straight time and overtime only, but shall not include Vacation and Holiday, Insurance, Pension, Annuity, International Pension, Working Dues, Industry Advancement, PPA, International Appr Training Fund or M.U.S.T. contributions.
ENTER TOTAL HOURS WORKED AND BASE PAY ON FRONT SIDE OF THIS FORM ON LINES PROVIDED			TOTALS:	

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

**OPCMIA LOCAL #514
Journeyman
CEMENT MASONS' FRINGE BENEFIT FUNDS
ST. CLAIR & SANILAC COUNTIES**

FORM ST. CLAIR/SAN FIRST SHIFT JOURNEYMAN
REV. 06/23
EMPLOYERS MONTHLY
FRINGE BENEFIT REPORT

NAME		CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS FORM ST. CLAIR/SANILAC CNTY FIRST SHIFT JOURNEYMAN <input type="checkbox"/>
ADDRESS		TELEPHONE	Report All Weekly Payroll Periods Ending In The above Month	NUMBER OF PAGES IN THIS REPORT <input type="checkbox"/>
CITY AND STATE	ZIP	REPORT DATE		

PLEASE INDICATE 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	International Pension	Int'l Appr Trng Fund	Appr.	Working Dues	Industry Advmt.	M.U.S.T
	A	AGC Contractors - Associated General Contractors of Michigan	Jun-23	\$7.60 HOURS WORKED	\$2.06 HOURS PAID	\$9.04 HOURS PAID	\$2.31 HOURS WORKED	\$1.10 HOURS WORKED	\$0.07 HOURS WORKED	\$0.45 HOURS WORKED	\$1.44 HOURS WORKED	\$0.15 HOURS WORKED	\$0.05 HOURS WORKED
	A1	CAM Contractors - Construction Association of Michigan	Jun-23	\$7.60 HOURS WORKED	\$2.06 HOURS PAID	\$9.04 HOURS PAID	\$2.31 HOURS WORKED	\$1.10 HOURS WORKED	\$0.07 HOURS WORKED	\$0.45 HOURS WORKED	\$1.44 HOURS WORKED	\$0.15 HOURS WORKED	\$0.05 HOURS WORKED
	B	ACCM Contractors - Associated Concrete Contractors of Michigan	Jun-23	\$7.60 HOURS WORKED	\$2.06 HOURS PAID	\$9.04 HOURS PAID	\$2.31 HOURS WORKED	\$1.10 HOURS WORKED	\$0.07 HOURS WORKED	\$0.45 HOURS WORKED	\$1.44 HOURS WORKED	\$0.15 HOURS WORKED	\$0.05 HOURS WORKED

TOTAL HOURS WORKED FROM COLUMN A:	TOTAL HOURS PAID FROM COLUMN B:
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FRINGE BENEFIT FUND	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIPLY BY	TOTAL	ADJUSTMENTS	AMOUNT DUE
HEALTH and WELFARE	\$7.60	HOURS WORKED COLUMN A	\$	\$	\$
VACATION	\$2.06	HOURS PAID COLUMN B			
PENSION	\$9.04	HOURS PAID COLUMN B			
ANNUITY	\$2.31	HOURS WORKED COLUMN A			
INTERNAT'L PENSION	\$1.10	HOURS WORKED COLUMN A			
INT'L APPR TRNG FUND	\$0.07	HOURS WORKED COLUMN A			
APPRENTICESHIP	\$0.45	HOURS WORKED COLUMN A			
WORKING DUES	\$1.44	HOURS WORKED COLUMN A			
INDUSTRY ADVMT.	\$0.15	HOURS WORKED COLUMN A			
M.U.S.T.	\$0.05	HOURS WORKED COLUMN A			
TOTAL AMOUNT DUE:					

<p>INSTRUCTIONS</p> <p>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:</p> <p align="center">Chase Bank Attn: Cement Masons' F.B.F. Dept. 78015, P.O. Box 78000 Detroit, MI 48278-0015</p> <p>2 If payment is not made by 15th of the month, simple interest will be assessed at the rate of 12% per annum.</p> <p>3 Explain adjustments on reverse side and attach variance notice, if applicable.</p>	<p>IMPORTANT</p> <p>FEDERAL LAW REQUIRES EACH EMPLOYER TO FURNISH THE FOLLOWING INFORMATION</p> <p>If no men were employed during the month please complete:</p> <p><input type="checkbox"/> Inactive this month</p> <p><input type="checkbox"/> No longer working in area</p> <p><input type="checkbox"/> Final Report - give reason</p>	<p>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.</p> <p align="right">_____ SIGNATURE</p>
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**OPCMIA LOCAL #514 Journeyman
CEMENT MASONS' FRINGE BENEFIT FUNDS
ST. CLAIR & SANILAC COUNTIES**

**FORM ST. CLAIR/SANILAC CNTY
FIRST SHIFT JOURNEYMAN -
EMPLOYEE DETAIL REPORT
FOR EMPLOYER'S MONTHLY
FRINGE BENEFIT REPORT**

OPCMIA LOCAL #514 CONTRACTOR'S NAME

WORK MONTH

EMPLOYEE'S NAME

SOCIAL
SECURITY
NUMBER

COLUMN A

COLUMN B

HOURS
WORKED

HOURS
PAID

LAST

INITIALS

ENTER TOTAL HOURS WORKED AND HOURS PAID ON FRONT
SIDE OF THIS FORM ON LINES PROVIDED

TOTALS:

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

**OPCMIA LOCAL #514
Journeyman
CEMENT MASONS' FRINGE BENEFIT FUNDS
ST. CLAIR & SANILAC COUNTIES**

FORM ST. CLAIR/SAN SPECIAL SHIFT JOURNEYMAN
REV. 06/23
**EMPLOYERS MONTHLY
FRINGE BENEFIT REPORT**

NAME		CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS FORM ST. CLAIR/SANILAC CNTY SPECIAL SHIFT JOURNEYMAN <input type="checkbox"/>
ADDRESS		TELEPHONE	Report All Weekly Payroll Periods Ending In The above Month	NUMBER OF PAGES IN THIS REPORT <input type="checkbox"/>
CITY AND STATE	ZIP	REPORT DATE		

PLEASE INDICATE 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	International Pension	Int'l Appr Trng Fund	Appr.	Working Dues	Industry Advmt.	M.U.S.T
	A	AGC Contractors - Associated General Contractors of Michigan	Jun-23	\$7.60 HOURS WORKED	\$2.06 HOURS PAID	\$9.04 HOURS PAID	\$2.31 HOURS WORKED	\$1.10 HOURS WORKED	\$0.07 HOURS WORKED	\$0.45 HOURS WORKED	\$1.60 HOURS WORKED	\$0.15 HOURS WORKED	\$0.05 HOURS WORKED
	A1	CAM Contractors - Construction Association of Michigan	Jun-23	\$7.60 HOURS WORKED	\$2.06 HOURS PAID	\$9.04 HOURS PAID	\$2.31 HOURS WORKED	\$1.10 HOURS WORKED	\$0.07 HOURS WORKED	\$0.45 HOURS WORKED	\$1.60 HOURS WORKED	\$0.15 HOURS WORKED	\$0.05 HOURS WORKED
	B	ACCM Contractors - Associated Concrete Contractors of Michigan	Jun-23	\$7.60 HOURS WORKED	\$2.06 HOURS PAID	\$9.04 HOURS PAID	\$2.31 HOURS WORKED	\$1.10 HOURS WORKED	\$0.07 HOURS WORKED	\$0.45 HOURS WORKED	\$1.60 HOURS WORKED	\$0.15 HOURS WORKED	\$0.05 HOURS WORKED

TOTAL HOURS WORKED FROM COLUMN A:	TOTAL HOURS PAID FROM COLUMN B:
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FRINGE BENEFIT FUND	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIPLY BY	TOTAL	ADJUSTMENTS	AMOUNT DUE
HEALTH and WELFARE	\$7.60	HOURS WORKED COLUMN A	\$	\$	\$
VACATION	\$2.06	HOURS PAID COLUMN B			
PENSION	\$9.04	HOURS PAID COLUMN B			
ANNUITY	\$2.31	HOURS WORKED COLUMN A			
INTERNAT'L PENSION	\$1.10	HOURS WORKED COLUMN A			
INT'L APPR TRNG FUND	\$0.07	HOURS WORKED COLUMN A			
APPRENTICESHIP	\$0.45	HOURS WORKED COLUMN A			
WORKING DUES	\$1.60	HOURS WORKED COLUMN A			
INDUSTRY ADVMT.	\$0.15	HOURS WORKED COLUMN A			
M.U.S.T.	\$0.05	HOURS WORKED COLUMN A			
TOTAL AMOUNT DUE:					

<p>INSTRUCTIONS</p> <p>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:</p> <p align="center">Chase Bank Attn: Cement Masons' F.B.F. Dept. 78015, P.O. Box 78000 Detroit, MI 48278-0015</p> <p>2 If payment is not made by 15th of the month, simple interest will be assessed at the rate of 12% per annum.</p> <p>3 Explain adjustments on reverse side and attach variance notice, if applicable.</p>	<p align="center">IMPORTANT</p> <p>FEDERAL LAW REQUIRES EACH EMPLOYER TO FURNISH THE FOLLOWING INFORMATION</p> <p>If no men were employed during the month please complete:</p> <p><input type="checkbox"/> Inactive this month</p> <p><input type="checkbox"/> No longer working in area</p> <p><input type="checkbox"/> Final Report - give reason</p>	<p>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.</p> <p align="right">_____ SIGNATURE</p>
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**OPCMIA LOCAL #514 Journeyman
CEMENT MASONS' FRINGE BENEFIT FUNDS
ST. CLAIR & SANILAC COUNTIES**

**FORM ST. CLAIR/SANILAC CNTY
SPECIAL SHIFT JOURNEYMAN -
EMPLOYEE DETAIL REPORT FOR
EMPLOYER'S MONTHLY FRINGE
BENEFIT REPORT**

OPCMIA LOCAL #514 CONTRACTOR'S NAME

WORK MONTH

EMPLOYEE'S NAME

SOCIAL
SECURITY
NUMBER

COLUMN A

COLUMN B

HOURS
WORKED

HOURS
PAID

LAST

INITIALS

ENTER TOTAL HOURS WORKED AND HOURS PAID ON FRONT
SIDE OF THIS FORM ON LINES PROVIDED

TOTALS:

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

**OPCMIA LOCAL #514
Foreman
CEMENT MASONS' FRINGE BENEFIT FUNDS
ST. CLAIR & SANILAC COUNTIES**

FORM ST. CLAIR/SAN FIRST SHIFT FOREMAN
REV. 06/23
EMPLOYERS MONTHLY
FRINGE BENEFIT REPORT

NAME		CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS FORM ST. CLAIR/SANILAC CNTY FIRST SHIFT FOREMAN <input type="checkbox"/>
ADDRESS		TELEPHONE	Report All Weekly Payroll Periods Ending In The above Month	NUMBER OF PAGES IN THIS REPORT <input type="checkbox"/>
CITY AND STATE	ZIP	REPORT DATE		

PLEASE INDICATE 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	International Pension	Int'l Appr Trng Fund	Appr.	Working Dues	Industry Advmt.	M.U.S.T
	A	AGC Contractors - Associated General Contractors of Michigan	Jun-23	\$7.60 HOURS WORKED	\$2.06 HOURS PAID	\$9.04 HOURS PAID	\$2.31 HOURS WORKED	\$1.10 HOURS WORKED	\$0.07 HOURS WORKED	\$0.45 HOURS WORKED	\$1.50 HOURS WORKED	\$0.15 HOURS WORKED	\$0.05 HOURS WORKED
	A1	CAM Contractors - Construction Association of Michigan	Jun-23	\$7.60 HOURS WORKED	\$2.06 HOURS PAID	\$9.04 HOURS PAID	\$2.31 HOURS WORKED	\$1.10 HOURS WORKED	\$0.07 HOURS WORKED	\$0.45 HOURS WORKED	\$1.50 HOURS WORKED	\$0.15 HOURS WORKED	\$0.05 HOURS WORKED
	B	ACCM Contractors - Associated Concrete Contractors of Michigan	Jun-23	\$7.60 HOURS WORKED	\$2.06 HOURS PAID	\$9.04 HOURS PAID	\$2.31 HOURS WORKED	\$1.10 HOURS WORKED	\$0.07 HOURS WORKED	\$0.45 HOURS WORKED	\$1.50 HOURS WORKED	\$0.15 HOURS WORKED	\$0.05 HOURS WORKED

TOTAL HOURS WORKED FROM COLUMN A:	TOTAL HOURS PAID FROM COLUMN B:
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FRINGE BENEFIT FUND	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIPLY BY	TOTAL	ADJUSTMENTS	AMOUNT DUE
HEALTH and WELFARE	\$7.60	HOURS WORKED COLUMN A	\$	\$	\$
VACATION	\$2.06	HOURS PAID COLUMN B			
PENSION	\$9.04	HOURS PAID COLUMN B			
ANNUITY	\$2.31	HOURS WORKED COLUMN A			
INTERNAT'L PENSION	\$1.10	HOURS WORKED COLUMN A			
INT'L APPR TRNG FUND	\$0.07	HOURS WORKED COLUMN A			
APPRENTICESHIP	\$0.45	HOURS WORKED COLUMN A			
WORKING DUES	\$1.50	HOURS WORKED COLUMN A			
INDUSTRY ADVMT.	\$0.15	HOURS WORKED COLUMN A			
M.U.S.T.	\$0.05	HOURS WORKED COLUMN A			
TOTAL AMOUNT DUE:					

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

**OPCMIA LOCAL #514
Foreman
CEMENT MASONS' FRINGE BENEFIT FUNDS
ST. CLAIR & SANILAC COUNTIES**

FORM ST. CLAIR/SAN SPECIAL SHIFT FOREMAN
REV. 06/23
EMPLOYERS MONTHLY
FRINGE BENEFIT REPORT

NAME		CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS FORM ST. CLAIR/SANILAC CNTY SPECIAL SHIFT FOREMAN <input type="checkbox"/>
ADDRESS		TELEPHONE	Report All Weekly Payroll Periods Ending In The above Month	NUMBER OF PAGES IN THIS REPORT <input type="checkbox"/>
CITY AND STATE	ZIP	REPORT DATE		

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Check Section	Section	COMMERCIAL AGREEMENTS	Effective Dates	Health & Welfare	Vacation	Pension	Annuity	International Pension	Int'l Appr Trng Fund	Appr.	Working Dues	Industry Advmt.	M.U.S.T
	A	AGC Contractors - Associated General Contractors of Michigan	Jun-23	\$7.60 HOURS WORKED	\$2.06 HOURS PAID	\$9.04 HOURS PAID	\$2.31 HOURS WORKED	\$1.10 HOURS WORKED	\$0.07 HOURS WORKED	\$0.45 HOURS WORKED	\$1.66 HOURS WORKED	\$0.15 HOURS WORKED	\$0.05 HOURS WORKED
	A1	CAM Contractors - Construction Association of Michigan	Jun-23	\$7.60 HOURS WORKED	\$2.06 HOURS PAID	\$9.04 HOURS PAID	\$2.31 HOURS WORKED	\$1.10 HOURS WORKED	\$0.07 HOURS WORKED	\$0.45 HOURS WORKED	\$1.66 HOURS WORKED	\$0.15 HOURS WORKED	\$0.05 HOURS WORKED
	B	ACCM Contractors - Associated Concrete Contractors of Michigan	Jun-23	\$7.60 HOURS WORKED	\$2.06 HOURS PAID	\$9.04 HOURS PAID	\$2.31 HOURS WORKED	\$1.10 HOURS WORKED	\$0.07 HOURS WORKED	\$0.45 HOURS WORKED	\$1.66 HOURS WORKED	\$0.15 HOURS WORKED	\$0.05 HOURS WORKED

TOTAL HOURS WORKED FROM COLUMN A:	TOTAL HOURS PAID FROM COLUMN B:
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FRINGE BENEFIT FUND	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIPLY BY	TOTAL	ADJUSTMENTS	AMOUNT DUE
HEALTH and WELFARE	\$7.60	HOURS WORKED COLUMN A	\$	\$	\$
VACATION	\$2.06	HOURS PAID COLUMN B			
PENSION	\$9.04	HOURS PAID COLUMN B			
ANNUITY	\$2.31	HOURS WORKED COLUMN A			
INTERNAT'L PENSION	\$1.10	HOURS WORKED COLUMN A			
INT'L APPR TRNG FUND	\$0.07	HOURS WORKED COLUMN A			
APPRENTICESHIP	\$0.45	HOURS WORKED COLUMN A			
WORKING DUES	\$1.66	HOURS WORKED COLUMN A			
INDUSTRY ADVMT.	\$0.15	HOURS WORKED COLUMN A			
M.U.S.T.	\$0.05	HOURS WORKED COLUMN A			
TOTAL AMOUNT DUE:					

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<input type="checkbox"/>	Inactive this month							
<input type="checkbox"/>	No longer working in area							
<input type="checkbox"/>	Final Report - give reason							

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

**OPCMIA LOCAL #514
APPRENTICE
CEMENT MASONS' FRINGE BENEFIT FUNDS
ST. CLAIR & SANILAC COUNTIES**

FORM ST. CLAIR/SAN APPRENTICE
REV. 06/23
**EMPLOYERS MONTHLY
FRINGE BENEFIT REPORT**

NAME	CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS FORM ST. CLAIR/SANILAC CNTY APPRENTICE <input type="checkbox"/>
ADDRESS	TELEPHONE	Report All Weekly Payroll Periods Ending In The above Month	NUMBER OF PAGES IN THIS REPORT <input type="checkbox"/>
CITY AND STATE	ZIP		

PLEASE INDICATE 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	International Pension	Int'l Appr Trng Fund	Annuity	Working Dues	Industry Advmt.	M.U.S.T.
	A	AGC Contractors - Associated General Contractors of Michigan	Jun-23	\$7.60 HOURS WORKED	\$2.06 HOURS PAID	24.6% BASE PAY	\$1.10 HOURS WORKED	\$0.07 HOURS WORKED	\$2.31 HOURS WORKED	4% BASE PAY	\$0.15 HOURS WORKED	\$0.05 HOURS WORKED
	A1	CAM Contractors - Construction Association of Michigan	Jun-23	\$7.60 HOURS WORKED	\$2.06 HOURS PAID	24.6% BASE PAY	\$1.10 HOURS WORKED	\$0.07 HOURS WORKED	\$2.31 HOURS WORKED	4% BASE PAY	\$0.15 HOURS WORKED	\$0.05 HOURS WORKED
	B	ACCM Contractors - Associated Concrete Contractors of Michigan	Jun-23	\$7.60 HOURS WORKED	\$2.06 HOURS PAID	24.6% BASE PAY	\$1.10 HOURS WORKED	\$0.07 HOURS WORKED	\$2.31 HOURS WORKED	4% BASE PAY	\$0.15 HOURS WORKED	\$0.05 HOURS WORKED

TOTAL HOURS WORKED FROM COLUMN A:		TOTAL HOURS PAID FROM COLUMN B:		TOTAL BASE PAY* FROM COLUMN C:	
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FRINGE BENEFIT FUND	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIPLY BY	TOTAL	ADJUSTMENTS	AMOUNT DUE
HEALTH and WELFARE	\$7.60	HOURS WORKED COLUMN A	\$	\$	\$
VACATION	\$2.06	HOURS PAID COLUMN B			
PENSION	24.60%	BASE PAY COLUMN C			
INTERNAT'L PENSION	\$1.10	HOURS WORKED COLUMN A			
INT'L APPR TRNG FUND	\$0.07	HOURS WORKED COLUMN A			
ANNUITY	\$2.31	HOURS WORKED COLUMN A			
WORKING DUES	4.00%	BASE PAY COLUMN C			
INDUSTRY ADVMT.	\$0.15	HOURS WORKED COLUMN A			
M.U.S.T.	\$0.05	HOURS WORKED 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, Annuity, International Pension, Working Dues, Industry Advancement, PPA, International Appr Training Fund or M.U.S.T. contributions.

<p>INSTRUCTIONS</p> <p>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:</p> <p align="center">Chase Bank Attn: Cement Masons' F.B.F. Dept. 78015, P.O. Box 78000 Detroit, MI 48278-0015</p> <p>2 If payment is not made by 15th of the month, simple interest will be assessed at the rate of 12% per annum.</p> <p>3 Explain adjustments on reverse side and attach variance notice, if applicable.</p>	<p align="center">IMPORTANT</p> <p align="center">FEDERAL LAW REQUIRES EACH EMPLOYER TO FURNISH THE FOLLOWING INFORMATION</p> <p>If no men were employed during the month please complete:</p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Inactive this month</td> </tr> <tr> <td><input type="checkbox"/></td> <td>No longer working in area</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Final Report - give reason</td> </tr> </table>	<input type="checkbox"/>	Inactive this month	<input type="checkbox"/>	No longer working in area	<input type="checkbox"/>	Final Report - give reason	<p>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.</p> <p align="right">_____ SIGNATURE</p>
<input type="checkbox"/>	Inactive this month							
<input type="checkbox"/>	No longer working in area							
<input type="checkbox"/>	Final Report - give reason							

