

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. 06/24

**EMPLOYERS MONTHLY  
FRINGE BENEFIT REPORT**

NAME	CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS <b>FORM FIRST SHIFT JOURNEYMAN</b> <input type="checkbox"/>
ADDRESS	TELEPHONE	Report All Weekly Payroll Periods Ending In The above Month	<b>NUMBER OF PAGES IN THIS REPORT</b> <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
	<b>A</b>	AGC Contractors - Associated General Contractors of Michigan	<b>Jun-24</b>	<b>\$7.70</b> HOURS WORKED	<b>\$5.20</b> HOURS PAID	<b>\$9.04</b> HOURS PAID	<b>\$3.04</b> HOURS WORKED	<b>\$1.10</b> HOURS WORKED	<b>\$0.08</b> HOURS WORKED	<b>\$0.45</b> HOURS WORKED	<b>\$1.44</b> HOURS WORKED	<b>\$0.15</b> HOURS WORKED	<b>\$0.05</b> HOURS WORKED
	<b>A1</b>	CAM Contractors - Construction Association of Michigan	<b>Jun-24</b>	<b>\$7.70</b> HOURS WORKED	<b>\$5.20</b> HOURS PAID	<b>\$9.04</b> HOURS PAID	<b>\$3.04</b> HOURS WORKED	<b>\$1.10</b> HOURS WORKED	<b>\$0.08</b> HOURS WORKED	<b>\$0.45</b> HOURS WORKED	<b>\$1.44</b> HOURS WORKED	<b>\$0.15</b> HOURS WORKED	<b>\$0.05</b> HOURS WORKED
	<b>B</b>	ACCM Contractors - Associated Concrete Contractors of Michigan	<b>Jun-24</b>	<b>\$7.70</b> HOURS WORKED	<b>\$5.20</b> HOURS PAID	<b>\$9.04</b> HOURS PAID	<b>\$3.04</b> HOURS WORKED	<b>\$1.10</b> HOURS WORKED	<b>\$0.08</b> HOURS WORKED	<b>\$0.45</b> HOURS WORKED	<b>\$1.44</b> HOURS WORKED	<b>\$0.15</b> HOURS WORKED	<b>\$0.05</b> 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	<b>\$7.70</b>	HOURS WORKED COLUMN A	\$	\$	\$
VACATION	<b>\$5.20</b>	HOURS PAID COLUMN B			
PENSION	<b>\$9.04</b>	HOURS PAID COLUMN B			
ANNUITY	<b>\$3.04</b>	HOURS WORKED COLUMN A			
INTERNAT'L PENSION	<b>\$1.10</b>	HOURS WORKED COLUMN A			
INT'L APPR TRNG FUND	<b>\$0.08</b>	HOURS WORKED COLUMN A			
APPRENTICESHIP	<b>\$0.45</b>	HOURS WORKED COLUMN A			
WORKING DUES	<b>\$1.44</b>	HOURS WORKED COLUMN A			
INDUSTRY ADVMT.	<b>\$0.15</b>	HOURS WORKED COLUMN A			
M.U.S.T	<b>\$0.05</b>	HOURS WORKED COLUMN A			
<b>TOTAL AMOUNT DUE:</b>					

**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 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

OPCMIA LOCAL #514 <u>Journeyman</u> 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			
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:			

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WORKED

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

FORM SPECIAL SHIFT JOURNEYMAN  
REV. 06/24  
**EMPLOYERS MONTHLY**  
**FRINGE BENEFIT REPORT**

NAME	CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS <b>FORM SPECIAL SHIFT JOURNEYMAN</b> <input type="checkbox"/>
ADDRESS	TELEPHONE	Report All Weekly Payroll Periods Ending In The above Month	<b>NUMBER OF PAGES IN THIS REPORT</b> <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 Advm.	M.U.S.T
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	<b>A1</b>	CAM Contractors - Construction Association of Michigan	<b>Jun-24</b>	<b>\$7.70</b> HOURS WORKED	<b>\$5.20</b> HOURS PAID	<b>\$9.04</b> HOURS PAID	<b>\$3.04</b> HOURS WORKED	<b>\$1.10</b> HOURS WORKED	<b>\$0.08</b> HOURS WORKED	<b>\$0.45</b> HOURS WORKED	<b>\$1.60</b> HOURS WORKED	<b>\$0.15</b> HOURS WORKED	<b>\$0.05</b> HOURS WORKED
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<b>TOTAL HOURS WORKED FROM COLUMN A:</b>		<b>TOTAL HOURS PAID FROM COLUMN B:</b>			
<b>FRINGE BENEFIT FUND</b>	Enter Below the Contribution Rates From Applicable Section (See Above)	<b>MULTIPLY BY</b>	<b>TOTAL</b>	<b>ADJUSTMENTS</b>	<b>AMOUNT DUE</b>
HEALTH and WELFARE	<b>\$7.70</b>	HOURS WORKED COLUMN A	\$	\$	\$
VACATION	<b>\$5.20</b>	HOURS PAID COLUMN B			
PENSION	<b>\$9.04</b>	HOURS PAID COLUMN B			
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INT'L APPR TRNG FUND	<b>\$0.08</b>	HOURS WORKED COLUMN A			
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INDUSTRY ADVMT.	<b>\$0.15</b>	HOURS WORKED COLUMN A			
M.U.S.T	<b>\$0.05</b>	HOURS WORKED COLUMN A			
<b>TOTAL AMOUNT DUE:</b>					

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and attach variance notice, if  
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**If no men were employed during the month please  
complete:**

- |  |                            |
|--|----------------------------|
|  | Inactive this month        |
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|  | Final Report - give reason |

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has agreed to make employee fringe benefit contributions, the  
detailed basis of which is as set out above.

SIGNATURE

OPCMIA LOCAL #514 <u>Journeyman</u> 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  
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**OPCMIA LOCAL #514**  
**Foreman**  
**CEMENT MASONS' FRINGE BENEFIT FUNDS**  
**DETROIT and VICINITY**

FORM FIRST SHIFT FOREMAN  
REV. 06/24  
**EMPLOYERS MONTHLY  
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SIGNATURE

OPCMIA LOCAL #514 <u>Foreman</u> CEMENT MASONS' FRINGE BENEFIT FUNDS DETROIT and VICINITY			FORM FIRST 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	
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ENTER TOTAL HOURS WORKED AND HOURS PAID ON FRONT SIDE OF THIS FORM ON LINES PROVIDED		TOTALS:			

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FORM SPECIAL SHIFT FOREMAN  
REV. 06/24  
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NAME	CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS <b>FORM SPECIAL SHIFT FOREMAN</b> <input type="checkbox"/>
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TOTAL HOURS WORKED FROM COLUMN A:		TOTAL HOURS PAID FROM COLUMN B:		
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			HOURS WORKED	HOURS PAID	
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ENTER TOTAL HOURS WORKED AND HOURS PAID ON FRONT SIDE OF THIS FORM ON LINES PROVIDED		TOTALS:			



FORM APPRENTICE  
REV 06/24  
EMPLOYERS MONTHLY  
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TOTAL HOURS WORKED FROM COLUMN A:			TOTAL BASE PAY* FROM COLUMN B:		
FRINGE BENEFIT FUND	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIPLY BY	TOTAL	ADJUSTMENTS	AMOUNT DUE
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PENSION	24.60%	BASE PAY COLUMN B			
ANNUITY	\$3.04	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:					

\*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.

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

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

EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	COLUMN A	COLUMN B
			HOURS WORKED	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, Annuity, International Pension, Working Dues, Industry Advancement, PPA, International Appr Training Fund or M.U.S.T. contributions.
LAST	INITIALS			
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. 06/24  
**EMPLOYERS MONTHLY  
FRINGE BENEFIT REPORT**

NAME	CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS <b>FORM ST. CLAIR/SANILAC CNTY FIRST SHIFT JOURNEYMAN</b> <input type="checkbox"/>
ADDRESS	TELEPHONE	Report All Weekly Payroll Periods Ending In The above Month	<b>NUMBER OF PAGES IN THIS REPORT</b> <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
	<b>A</b>	AGC Contractors - Associated General Contractors of Michigan	<b>Jun-24</b>	<b>\$7.70</b> HOURS WORKED	<b>\$2.06</b> HOURS PAID	<b>\$9.04</b> HOURS PAID	<b>\$2.79</b> HOURS WORKED	<b>\$1.10</b> HOURS WORKED	<b>\$0.07</b> HOURS WORKED	<b>\$4.45</b> HOURS WORKED	<b>\$1.44</b> HOURS WORKED	<b>\$0.15</b> HOURS WORKED	<b>\$0.05</b> HOURS WORKED
	<b>A1</b>	CAM Contractors - Construction Association of Michigan	<b>Jun-24</b>	<b>\$7.70</b> HOURS WORKED	<b>\$2.06</b> HOURS PAID	<b>\$9.04</b> HOURS PAID	<b>\$2.79</b> HOURS WORKED	<b>\$1.10</b> HOURS WORKED	<b>\$0.07</b> HOURS WORKED	<b>\$4.45</b> HOURS WORKED	<b>\$1.44</b> HOURS WORKED	<b>\$0.15</b> HOURS WORKED	<b>\$0.05</b> HOURS WORKED
	<b>B</b>	ACCM Contractors - Associated Concrete Contractors of Michigan	<b>Jun-24</b>	<b>\$7.70</b> HOURS WORKED	<b>\$2.06</b> HOURS PAID	<b>\$9.04</b> HOURS PAID	<b>\$2.79</b> HOURS WORKED	<b>\$1.10</b> HOURS WORKED	<b>\$0.07</b> HOURS WORKED	<b>\$4.45</b> HOURS WORKED	<b>\$1.44</b> HOURS WORKED	<b>\$0.15</b> HOURS WORKED	<b>\$0.05</b> HOURS WORKED

TOTAL HOURS WORKED FROM COLUMN A:	TOTAL HOURS PAID FROM COLUMN B:	
--------------------------------------	------------------------------------	--

FRINGE BENEFIT FUND	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIPLY BY	TOTAL	ADJUSTMENTS	AMOUNT DUE
HEALTH and WELFARE	<b>\$7.70</b>	HOURS WORKED COLUMN A	\$	\$	\$
VACATION	<b>\$2.06</b>	HOURS PAID COLUMN B			
PENSION	<b>\$9.04</b>	HOURS PAID COLUMN B			
ANNUITY	<b>\$2.79</b>	HOURS WORKED COLUMN A			
INTERNAT'L PENSION	<b>\$1.10</b>	HOURS WORKED COLUMN A			
INT'L APPR TRNG FUND	<b>\$0.07</b>	HOURS WORKED COLUMN A			
APPRENTICESHIP	<b>\$0.45</b>	HOURS WORKED COLUMN A			
WORKING DUES	<b>\$1.44</b>	HOURS WORKED COLUMN A			
INDUSTRY ADVMT.	<b>\$0.15</b>	HOURS WORKED COLUMN A			
M.U.S.T.	<b>\$0.05</b>	HOURS WORKED COLUMN A			
TOTAL AMOUNT DUE:					

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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.

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SIGNATURE

OPCMIA LOCAL #514 <u>Journeyman</u> 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  HOURS WORKED	COLUMN B  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. 06/24  
**EMPLOYERS MONTHLY**  
**FRINGE BENEFIT REPORT**

NAME	CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS <b>FORM ST. CLAIR/SANILAC</b> <b>CNTY SPECIAL SHIFT</b> <b>JOURNEYMAN</b> <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 Advm.	M.U.S.T
	<b>A</b>	AGC Contractors - Associated General Contractors of Michigan	<b>Jun-24</b>	<b>\$7.70</b> HOURS WORKED	<b>\$2.06</b> HOURS PAID	<b>\$9.04</b> HOURS PAID	<b>\$2.79</b> HOURS WORKED	<b>\$1.10</b> HOURS WORKED	<b>\$0.07</b> HOURS WORKED	<b>\$0.45</b> HOURS WORKED	<b>\$1.60</b> HOURS WORKED	<b>\$0.15</b> HOURS WORKED	<b>\$0.05</b> HOURS WORKED
	<b>A1</b>	CAM Contractors - Construction Association of Michigan	<b>Jun-24</b>	<b>\$7.70</b> HOURS WORKED	<b>\$2.06</b> HOURS PAID	<b>\$9.04</b> HOURS PAID	<b>\$2.79</b> HOURS WORKED	<b>\$1.10</b> HOURS WORKED	<b>\$0.07</b> HOURS WORKED	<b>\$0.45</b> HOURS WORKED	<b>\$1.60</b> HOURS WORKED	<b>\$0.15</b> HOURS WORKED	<b>\$0.05</b> HOURS WORKED
	<b>B</b>	ACCM Contractors - Associated Concrete Contractors of Michigan	<b>Jun-24</b>	<b>\$7.70</b> HOURS WORKED	<b>\$2.06</b> HOURS PAID	<b>\$9.04</b> HOURS PAID	<b>\$2.79</b> HOURS WORKED	<b>\$1.10</b> HOURS WORKED	<b>\$0.07</b> HOURS WORKED	<b>\$0.45</b> HOURS WORKED	<b>\$1.60</b> HOURS WORKED	<b>\$0.15</b> HOURS WORKED	<b>\$0.05</b> 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	<b>\$7.70</b>	HOURS WORKED COLUMN A	\$	\$	\$
VACATION	<b>\$2.06</b>	HOURS PAID COLUMN B			
PENSION	<b>\$9.04</b>	HOURS PAID COLUMN B			
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INT'L APPR TRNG FUND	<b>\$0.07</b>	HOURS WORKED COLUMN A			
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WORKING DUES	<b>\$1.60</b>	HOURS WORKED COLUMN A			
INDUSTRY ADVMT.	<b>\$0.15</b>	HOURS WORKED COLUMN A			
M.U.S.T.	<b>\$0.05</b>	HOURS WORKED COLUMN A			

**TOTAL AMOUNT DUE:**

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	No longer working in area
	Final Report - give reason

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\_\_\_\_\_  
SIGNATURE

OPCMIA LOCAL #514 <u>Journeyman</u> 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  HOURS WORKED	COLUMN B  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. 06/24  
**EMPLOYERS MONTHLY  
FRINGE BENEFIT REPORT**

NAME	CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS <b>FORM ST. CLAIR/SANILAC CNTY FIRST SHIFT FOREMAN</b> <input type="checkbox"/>
ADDRESS	TELEPHONE	Report All Weekly Payroll Periods Ending In The above Month	<b>NUMBER OF PAGES IN THIS REPORT</b> <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 Advm't.	M.U.S.T
	<b>A</b>	AGC Contractors - Associated General Contractors of Michigan	<b>Jun-24</b>	<b>\$7.70</b> HOURS WORKED	<b>\$2.06</b> HOURS PAID	<b>\$9.04</b> HOURS PAID	<b>\$2.79</b> HOURS WORKED	<b>\$1.10</b> HOURS WORKED	<b>\$0.07</b> HOURS WORKED	<b>\$0.45</b> HOURS WORKED	<b>\$1.50</b> HOURS WORKED	<b>\$0.15</b> HOURS WORKED	<b>\$0.05</b> HOURS WORKED
	<b>A1</b>	CAM Contractors - Construction Association of Michigan	<b>Jun-24</b>	<b>\$7.70</b> HOURS WORKED	<b>\$2.06</b> HOURS PAID	<b>\$9.04</b> HOURS PAID	<b>\$2.79</b> HOURS WORKED	<b>\$1.10</b> HOURS WORKED	<b>\$0.07</b> HOURS WORKED	<b>\$0.45</b> HOURS WORKED	<b>\$1.50</b> HOURS WORKED	<b>\$0.15</b> HOURS WORKED	<b>\$0.05</b> HOURS WORKED
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TOTAL HOURS WORKED FROM COLUMN A:	TOTAL HOURS PAID FROM COLUMN B:		
--------------------------------------	------------------------------------	--	--

FRINGE BENEFIT FUND	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIPLY BY	TOTAL	ADJUSTMENTS	AMOUNT DUE
HEALTH and WELFARE	<b>\$7.70</b>	HOURS WORKED COLUMN A	\$	\$	\$
VACATION	<b>\$2.06</b>	HOURS PAID COLUMN B			
PENSION	<b>\$9.04</b>	HOURS PAID COLUMN B			
ANNUITY	<b>\$2.79</b>	HOURS WORKED COLUMN A			
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APPRENTICESHIP	<b>\$0.45</b>	HOURS WORKED COLUMN A			
WORKING DUES	<b>\$1.50</b>	HOURS WORKED COLUMN A			
INDUSTRY ADVMT.	<b>\$0.15</b>	HOURS WORKED COLUMN A			
M.U.S.T.	<b>\$0.05</b>	HOURS WORKED COLUMN A			
TOTAL AMOUNT DUE:					

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	Final Report - give reason

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\_\_\_\_\_  
SIGNATURE

OPCMIA LOCAL #514 Foreman CEMENT MASONS' FRINGE BENEFIT FUNDS ST. CLAIR & SANILAC COUNTIES			FORM ST. CLAIR/SANILAC CNTY FIRST 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  HOURS WORKED	COLUMN B  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 SPECIAL SHIFT FOREMAN  
REV. 06/24  
**EMPLOYERS MONTHLY**  
**FRINGE BENEFIT REPORT**

NAME	CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS <b>FORM ST. CLAIR/SANILAC</b> <b>CNTY SPECIAL SHIFT</b> <b>FOREMAN</b> <input type="checkbox"/>
ADDRESS	TELEPHONE	Report All Weekly Payroll Periods Ending In The above Month	<b>NUMBER OF</b> <b>PAGES IN THIS</b> <b>REPORT</b> <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
	<b>A</b>	AGC Contractors - Associated General Contractors of Michigan	<b>Jun-24</b>	<b>\$7.70</b> HOURS WORKED	<b>\$2.06</b> HOURS PAID	<b>\$9.04</b> HOURS PAID	<b>\$2.79</b> HOURS WORKED	<b>\$1.10</b> HOURS WORKED	<b>\$0.07</b> HOURS WORKED	<b>\$0.45</b> HOURS WORKED	<b>\$1.66</b> HOURS WORKED	<b>\$0.15</b> HOURS WORKED	<b>\$0.05</b> HOURS WORKED
	<b>A1</b>	CAM Contractors - Construction Association of Michigan	<b>Jun-24</b>	<b>\$7.70</b> HOURS WORKED	<b>\$2.06</b> HOURS PAID	<b>\$9.04</b> HOURS PAID	<b>\$2.79</b> HOURS WORKED	<b>\$1.10</b> HOURS WORKED	<b>\$0.07</b> HOURS WORKED	<b>\$0.45</b> HOURS WORKED	<b>\$1.66</b> HOURS WORKED	<b>\$0.15</b> HOURS WORKED	<b>\$0.05</b> 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
HEALTH and WELFARE	<b>\$7.70</b>	HOURS WORKED COLUMN A	\$	\$	\$
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SIGNATURE

OPCMIA LOCAL #514 <u>Foreman</u> CEMENT MASONS' FRINGE BENEFIT FUNDS ST. CLAIR & SANILAC COUNTIES				FORM ST. CLAIR/SANILAC CNTY 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  HOURS WORKED	COLUMN B  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**  
**ST. CLAIR & SANILAC COUNTIES**

FORM ST. CLAIR/SAN APPRENTICE  
REV. 06/24  
**EMPLOYERS MONTHLY**  
**FRINGE BENEFIT REPORT**

NAME	CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS <b>FORM ST. CLAIR/SANILAC CNTY APPRENTICE</b> <input type="checkbox"/>
ADDRESS	TELEPHONE	Report All Weekly Payroll Periods Ending In The above Month	<b>NUMBER OF PAGES IN THIS REPORT</b> <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.
	<b>A</b>	AGC Contractors - Associated General Contractors of Michigan	<b>Jun-24</b>	<b>\$7.70</b> HOURS WORKED	<b>\$2.06</b> HOURS PAID	<b>24.6%</b> BASE PAY	<b>\$1.10</b> HOURS WORKED	<b>\$0.07</b> HOURS WORKED	<b>\$2.79</b> HOURS WORKED	<b>4%</b> BASE PAY	<b>\$1.15</b> HOURS WORKED	<b>\$0.05</b> HOURS WORKED
	<b>A1</b>	CAM Contractors - Construction Association of Michigan	<b>Jun-24</b>	<b>\$7.70</b> HOURS WORKED	<b>\$2.06</b> HOURS PAID	<b>24.6%</b> BASE PAY	<b>\$1.10</b> HOURS WORKED	<b>\$0.07</b> HOURS WORKED	<b>\$2.79</b> HOURS WORKED	<b>4%</b> BASE PAY	<b>\$1.15</b> HOURS WORKED	<b>\$0.05</b> HOURS WORKED
	<b>B</b>	ACCM Contractors - Associated Concrete Contractors of Michigan	<b>Jun-24</b>	<b>\$7.70</b> HOURS WORKED	<b>\$2.06</b> HOURS PAID	<b>24.6%</b> BASE PAY	<b>\$1.10</b> HOURS WORKED	<b>\$0.07</b> HOURS WORKED	<b>\$2.79</b> HOURS WORKED	<b>4%</b> BASE PAY	<b>\$1.15</b> HOURS WORKED	<b>\$0.05</b> 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	<b>\$7.70</b>	HOURS WORKED COLUMN A	\$	\$	\$
VACATION	<b>\$2.06</b>	HOURS PAID COLUMN B			
PENSION	<b>24.60%</b>	BASE PAY COLUMN C			
INTERNAT'L PENSION	<b>\$1.10</b>	HOURS WORKED COLUMN A			
INT'L APPR TRNG FUND	<b>\$0.07</b>	HOURS WORKED COLUMN A			
ANNUITY	<b>\$2.79</b>	HOURS WORKED COLUMN A			
WORKING DUES	<b>4.00%</b>	BASE PAY COLUMN C			
INDUSTRY ADVMT.	<b>\$0.15</b>	HOURS WORKED COLUMN A			
M.U.S.T.	<b>\$0.05</b>	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.

**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 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

OPCMIA LOCAL #514 <u>Apprentice</u> CEMENT MASONS' FRINGE BENEFIT FUNDS ST. CLAIR & SANILAC COUNTIES				FORM ST. CLAIR/SANILAC CNTY APPRENTICE - 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		
			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, Annuity, International Pension, Working Dues, Industry Advancement, PPA, International Appr Training Fund or M.U.S.T. contributions.
LAST	INITIALS				
ENTER TOTAL HOURS WORKED, HOURS PAID AND BASE PAY ON FRONT SIDE OF THIS FORM ON LINES PROVIDED		TOTALS:			