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

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

					C	DETROIT	and VICI	NITY						
NAME					CODE NO.				WORKE	D MONTH/YEAR			EQUEST FOR	FORMS
ADDRESS TE									_			FORM FI JOURNE	RST SHIFT YMAN	
ADDRESS					TELEPHONE									
CITY AND ST	ATE			ZIP	REPORT DATE				Report All Weekly The a	Payroll Period bove Month	s Ending In	NUMBER O PAGES IN REPORT		
PLEASE	INDICATE	E THE C	COLLECTIVE BARGAII FRINGE BEI						PROVIDED AT THE				THE MOINT IN THE	INSERT THE
Check Section	Section	с	OMMERCIAL AGREEMENTS	S Effective Dates	Health & Welfare	Vacation	Pension	Annuity	International Pension	Int'l Appr Trng Fund	Appr.	Working Dues	Industry Advmt.	M.U.S.T
AGC Contractors - Associated General Contractors of Michiga			\$7.70 HOURS WORKED	\$5.20 HOURS PAID	\$9.04 HOURS PAID	\$3.04 HOURS WORKED	\$1.10 HOURS WORKED	\$.08 HOURS WORKED	\$.45 HOURS WORKED	\$1.44 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED		
		CAMO	Constructions Construction		\$7.70	\$5.20	\$9.04	\$3.04	\$1.10	\$.08	\$.45	\$1.44	\$.15	\$.05
	A 1		Contractors - Constructi ation of Michigan	Jun-24	HOURS WORKED	HOURS PAID	HOURS	HOURS	HOURS WORKED	HOURS	HOURS WORKED	HOURS	HOURS	HOURS
	В		Contractors - Associat ete Contractors of Michi		\$7.70 HOURS WORKED	\$5.20 HOURS PAID	\$9.04 HOURS PAID	\$3.04 HOURS WORKED	\$1.10 HOURS WORKED	\$.08 HOURS WORKED	\$.45 HOURS WORKED	\$1.44 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED
TOTAL HO		RKEDI	FROM		TOTAL HOUF	RS PAID FRO	M							
FRING	E BENE UND	EFIT	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTI			TOTAL		ADJU	STMENTS		AMOUNT DUE		
HEALTH an	d WELFAR	RE	\$7.70	HOURS W		\$			\$			\$		
VACATION	N		\$5.20		HOURS PAID COLUMN B									
PENSION			\$9.04		HOURS PAID COLUMN B									
ANNUITY			\$3.04	HOURS WORKED COLUMN A										
INTERNAT'I	L PENSION	N	\$1.10	HOURS WORKED COLUMN A										
INT'L APPR	TRNG FUI	ND	\$0.08	HOURS WORKED COLUMN A										
APPRENT	ICESHIP		\$0.45	HOURS WORKED COLUMN A										
WORKING	DUES		\$1.44		HOURS WORKED COLUMN A									
INDUSTRY	Y ADVMT.		\$0.15	HOURS W COLUN										
M.U.S.T			\$0.05	HOURS W COLUN										
										TOTAL AMO	UNT DUE:			
	Make che	two cop ck paya	RUCTIONS bies of this form. ble to Cement		L LAW REQU		EMPLOYER							hat he or it has
Masons' F.B.F. Keep one copy for your records. Mail one copy with your check to		n were employ	ed during th	e month pleas	e complete:	Ŭ	to make emp n is as set out	, 0	benefit con	tridutions, tr	ne detailed basis			
	Attn-		se Bank It Masons' F.B.F.		Inactive this	-	-							
			, P.O. Box 78000		No longer wo		a							
	If paymen month, sir	nt is not mple inte	AI 48278-0015 made by 15th of the erest will be assessed b per annum.		Final Report	- give reasor	1				S	IGNATURE		
		n varian	nts on reverse side ce notice, if						-					

OPCMIA CEMENT MAS	FORM FIRST SHIFT JOURNEYMAN - EMPLOYEE DETAIL REPORT FOR						
OPCMIA LOCAL #514 CONTRACTOR	'S NAME	WORK	(MONTH	EMPLOYER'S MONTHLY FRINGE BENEFIT REPORT			
			COLUMN A	COLUMN B			
EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	HOURS WORKED	HOURS PAID			
LAST	INITIALS						
ENTER TOTAL HOURS WORKED AND H ON FRONT SIDE OF THIS FORM ON LINE		TOTALS:					

applicable.

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

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

					DE	IROIT an		11 T						
					CODE NO.				WOR	KED MONTH/YEA	R		REQUEST FOR PECIAL SH EYMAN	
CITY AND STATE ZIP				TELEPHONE REPORT DATE				Report All Weekly Payroll Periods Ending In The above Month			NUMBER OF PAGES IN THIS REPORT			
PLEAS	SE INDIC		IE COLLECTIVE BARG											FION. THEN
Check Section	Section		COMMERCIAL AGREEMEN	TS Effective Dates	Health & Welfar	e Vacation	Pension	Annuity	International Pension	Int'l Appr Trng Fund	Appr.	Working Dues	Industry Advmt.	M.U.S.T
	Α		Contractors - Associate al Contractors of Michi	ed Jun-24	\$7.70 HOURS WORKED	\$5.20 HOURS PAID	\$9.04 HOURS PAID	\$3.04 HOURS WORKED	\$1.10 HOURS WORKED	\$.08 HOURS WORKED	\$.45 HOURS WORKED	\$1.60 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED
A1 CAM Contractors - Construction Association of Michigan		tion Jun-24	\$7.70 HOURS WORKED	\$5.20 HOURS PAID	\$9.04 HOURS PAID	\$3.04 HOURS WORKED	\$1.10 HOURS WORKED	\$.08 HOURS WORKED	\$.45 HOURS WORKED	\$1.60 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED		
	В		I Contractors - Associa ete Contractors of Micl	lun_24	\$7.70 HOURS WORKED	\$5.20 HOURS PAID	\$9.04 HOURS PAID	\$3.04 HOURS WORKED	\$1.10 HOURS WORKED	\$.08 HOURS WORKED	\$.45 HOURS WORKED	\$1.60 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED
TOTAL HO		ORKED	FROM		TOTAL HOU COLUMN B:	IRS PAID FRO	ОМ							
FRING	E BENI FUND	EFIT	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIF			TOTAL		ADJ	USTMENT	S	AMOUNT DUE		
HEALTH an	d WELFAF	RE	\$7.70		HOURS WORKED COLUMN A				\$			\$		
VACATIO	N		\$5.20		HOURS PAID COLUMN B									
PENSION			\$9.04	HOURS										
ANNUITY			\$3.04		HOURS WORKED COLUMN A									
INTERNAT	L PENSION	4	\$1.10		HOURS WORKED COLUMN A									
INT'L APPR	TRNG FU	ND	\$0.08	HOURS WORKED COLUMN A										
APPRENT	ICESHIP		\$0.45		HOURS WORKED COLUMN A									
WORKING	DUES		\$1.60		HOURS WORKED COLUMN A									
INDUSTR	Y ADVMT	-	\$0.15	HOURS W COLUM										
M.U.S.T			\$0.05	HOURS W COLUM										
										TOTAL AMO	UNT DUE:			
	Make che Masons' your reco check to: Attn:	two co ck paya F.B.F. rds. Ma Cha Cemei	RUCTIONS pies of this form. able to Cement Keep one copy for ail one copy with your ase Bank nt Masons' F.B.F. 5, P.O. Box 78000		Inactive this	LOWING INF	EMPLOYER FORMATION e month ple		has		make emp	loyee fringe	e benefit c	irms that he or it contributions, the
3	If paymer month, sin at the rate Explain a	etroit, I mple int e of 12% djustme	MI 48278-0015 t made by 15th of the terest will be assessed 6 per annum. ents on reverse side ce notice, if		-	- give reaso						SIGNATURE		

OPCMIA CEMENT MAS	FORM SPECIAL SHIFT JOURNEYMAN - EMPLOYEE DETAIL REPORT FOR						
OPCMIA LOCAL #514 CONTRACTO	OR'S NAME	WORK	MONTH	EMPLOYER'S MONTHLY FRINGE BENEFIT REPORT			
			COLUMN A	COLUMN B			
EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	HOURS WORKED	HOURS PAID			
LAST	INITIALS						
ENTER TOTAL HOURS WORKED AND ON FRONT SIDE OF THIS FORM ON LIN		TOTALS:					

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

FORM FIRST SHIFT FOREMAN								
REV. 06/24								
EMPLOYERS MONTHLY								
FRINGE BENEFIT REPORT								

NAME						CODE NO.				WOF	RKED MONTH/YEAR	2			
ADDRESS					TELEPHONE										
CITY AND STATE ZIP					REPORT DATE			Report All Weekly Payroll Periods Ending In The above Month			NUMBER OF PAGES IN THIS REPORT				
PLEA	SE INDIC		IE COLLECTIVE BAR NSERT THE FRINGE												ION. THEN
Check		COMMERCIAL AGREEMEN		Effective Dates	Health & Welfare	Vacation	Pension	Annuity	International Pensi	Intil Anna Tana		Working Dues	Industry Advmt.	M.U.S.T	
	Α		Contractors - Associate al Contractors of Mich		Jun-24	\$7.70 HOURS WORKED	\$5.20 HOURS PAID	\$9.04 HOURS PAID	\$3.04 HOURS WORKED	\$1.10 HOURS WORKED	\$.08 HOURS WORKED	\$.45 HOURS WORKED	\$1.50 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED
			Contractors - Construc iation of Michigan	Jun-24	\$7.70 HOURS WORKED	\$5.20 HOURS PAID	\$9.04 HOURS PAID	\$3.04 HOURS WORKED	\$1.10 HOURS WORKED	\$.08 HOURS WORKED	\$.45 HOURS WORKED	\$1.50 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED	
	В		I Contractors - Associa ete Contractors of Mic		Jun-24	\$7.70 HOURS WORKED	\$5.20 HOURS PAID	\$9.04 HOURS PAID	\$3.04 HOURS WORKED	\$1.10 HOURS WORKED	\$.08 HOURS WORKED	\$.45 HOURS WORKED	\$1.50 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED
TOTAL H		DRKED	FROM			TOTAL HO COLUMN E	OURS PAID F B:	ROM							
FRING	GE BENE FUND	EFIT	Enter Below the Contribution Rates From Applicable Section (See Above)	N	MULTIP			TOTAL		ADJUSTMENTS			AMOUNT DUE		
HEALTH ar	nd WELFAF	RE	\$7.70	HOURS WORKED COLUMN A			\$			\$			\$		
VACATIO	N		\$5.20	HOURS PAID COLUMN B											
PENSION			\$9.04	HOURS PAID COLUMN B											
ANNUITY			\$3.04	HOURS WORKED COLUMN A											
INTERNAT'	'L PENSION	4	\$1.10	HOURS WORKED COLUMN A		NA									
INT'L APPR	R TRNG FU	ND	\$0.08	HOURS WORKED COLUMN A											
APPRENT	FICESHIP		\$0.45	HOURS WORKED COLUMN A											
WORKING	3 DUES		\$1.50		OURS WO	NA									
INDUSTR	Y ADVMT		\$0.15		OURS WO	NA									
M.U.S.T \$0.05 HOURS W COLUM			OURS WO												
											TOTAL AM	OUNT DUE:			
Males about a such la ta Company			TO FURI	AL LAW REC NISH THE F	IMPORTA QUIRES EAC FOLLOWING	CH EMPLOY INFORMAT	ION	agree		loyee fringe l			hat he or it has detailed basis of		
		Ceme	ase Bank nt Masons' F.B.F.		complete	en were employed during the month please ite: Inactive this month									

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.

nger working in area

Final Report - give reason

OPC CEMENT M/	FORM FIRST SHIFT FOREMAN EMPLOYEE DETAIL REPORT						
OPCMIA LOCAL #514 CONTR	ACTOR'S NAME	WORK	MONTH	FOR EMPLOYER'S MONTHLY FRINGE BENEFIT REPORT			
			COLUMN A	COLUMN B			
EMPLOYEE'S NA	ме	SOCIAL SECURITY NUMBER	HOURS WORKED	HOURS PAID			
LAST	INITIALS						
ENTER TOTAL HOURS WORKED ON FRONT SIDE OF THIS FORM O		TOTALS:					

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

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

DETROIT and VICINITY NAME CODE NO. WORKED MONTH/YEAR REQUEST FOR FORMS FORM SPECIAL SHIFT FOREMAN ADDRESS TELEPHONE NUMBER OF Report All Weekly Payroll Periods Ending In CITY AND STATE FPORT DATE PAGES IN THIS The above Month REPORT 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 Int'l Appr Trng Section COMMERCIAL AGREEMENTS Health & Welfare Vacation Pension International Pension Working Dues M.U.S.T Annuity Appr. Section Dates Advmt \$7.70 \$5.20 \$9.04 \$3.04 \$1.10 \$.08 \$.45 \$1.66 \$.15 \$.05 AGC Contractors - Associated Α Jun-24 HOURS HOURS PAID HOURS PAID HOURS WORKED HOURS WORKED HOURS HOURS HOURS HOURS HOURS WORKED General Contractors of Michigan WORKED WORKED WORKED WORKED WORKED \$1.10 \$7.70 \$3.04 \$1.66 \$.15 \$.05 \$5.20 \$9.04 \$.08 \$.45 CAM Contractors - Construction **A**1 HOURS Jun-24 HOURS HOURS HOURS HOURS WORKED HOURS HOURS HOURS HOURS HOURS Association of Michigan WORKED \$7.70 \$5.20 \$9.04 \$3.04 \$1.10 \$.08 \$.45 \$1.66 \$.15 \$.05 ACCM Contractors - Associated В Jun-24 HOURS HOURS PAID HOURS PAID HOURS WORKED HOURS WORKED HOURS HOURS HOURS HOURS HOURS Concrete Contractors of Michigan WORKED WORKED WORKED WORKED WORKED WORKED TOTAL HOURS WORKED FROM TOTAL HOURS PAID FROM COLUMN A-COLUMN B: Enter Below the FRINGE BENEFIT Contribution Rates MULTIPY BY TOTAL ADJUSTMENTS AMOUNT DUE From Applicable Section FUND (See Above) HOURS WORKED \$ \$ \$ HEALTH and WELFARE \$7.70 COLUMN A HOURS PAID VACATION \$5.20 COLUMN B HOURS PAID PENSION \$9.04 COLUMN B HOURS WORKED ANNUITY \$3.04 COLUMN A HOURS WORKED INTERNAT'L PENSION \$1.10 COLUMN A HOURS WORKED INT'L APPR TRNG FUND \$0.08 COLUMN A HOURS WORKED APPRENTICESHIP \$0.45 COLUMN A HOURS WORKED WORKING DUES \$1.66 COLUMN A HOURS WORKED INDUSTRY ADVMT. \$0.15 COLUMN A HOURS WORKED M.U.S.T \$0.05 COLUMN A TOTAL AMOUNT DUE: IMPORTANT INSTRUCTIONS 1 Complete two copies of this form. FEDERAL LAW REQUIRES EACH EMPLOYER Make check payable to Cement By filing this form, the undersigned employer confirms that he or it has agreed TO FURNISH THE FOLLOWING INFORMATION Masons' F.B.F. Keep one copy for to make employee fringe benefit contributions, the detailed basis of which is as your records. Mail one copy with your set out 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 Detroit, MI 48278-0015 Final Report - give reason 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

anu attach var applicable.

OPCMI CEMENT MAS	FORM SPECIAL SHIFT FOREMAN - EMPLOYEE DETAIL REPORT FOR EMPLOYER'S						
OPCMIA LOCAL #514 CONTRACTOR	SNAME	WORK	MONTH	MONTHLY FRINGE BENEFIT REPORT			
			COLUMN A	COLUMN B			
EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	HOURS WORKED	HOURS PAID			
LAST	INITIALS						
ENTER TOTAL HOURS WORKED AND H ON FRONT SIDE OF THIS FORM ON LINES		TOTALS:					

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

FORM APPRENTICE REV 06/24 EMPLOYERS MONTHLY FRINGE BENEFIT REPORT

NAME	CODE NO.	WORKED MONTH/YEAR	REQUEST FOR FORMS
			FORM APPRENTICE
ADDRESS	TELEPHONE		
		Report All Weekly Payroll	NUMBER OF
CITY AND STATE ZIP	REPORT DATE	5	PAGES IN THIS REPORT

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 FOR

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.
	Λ	AGC Contractors - Associated General Contractors of Michigan	Jun-24	\$7.70 HOURS WORKED	13% BASE PAY	24.6% BASE PAY	\$3.04 HOURS WORKED	\$1.10 HOURS WORKED	\$.08 HOURS WORKED	4% BASE PAY	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	A 1	CAM Contractors - Construction Association of Michigan	Jun-24	\$7.70 HOURS WORKED	13% BASE PAY	24.6% BASE PAY	\$3.04 HOURS WORKED	\$1.10 HOURS WORKED	\$.08 HOURS WORKED	4% BASE PAY	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	В	ACCM Contractors - Associated Concrete Contractors of Michigan	Jun-24	\$7.70 HOURS WORKED	13% BASE PAY	24.6% BASE PAY	\$3.04 HOURS WORKED	\$1.10 HOURS WORKED	\$.08 HOURS WORKED	4% BASE PAY	\$.15 HOURS WORKED	\$.05 HOURS WORKED

TOTAL HOURS W	ORKED FROM COLU	MN A:	TOTAL BASE	:				
FRINGE BENEFIT FUND	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIPLY BY		TOTAL	ADJUSTMENTS	AMOUNT DUE		
HEALTH and WELFARE	\$7.70	HOURS WORKED COLUMN A	\$		\$	\$		
VACATION	13.00%	BASE PAY COLUMN B						
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, Internnational 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.

CEMENT MASONS' FRINGE BE DETROIT and VICINI	FORM APPRENTICE - EMPLOYEE DETAIL REPORT FOR EMPLOYER'S MONTHLY	
OPCMIA LOCAL #514 CONTRACTOR'S NAME	WORK MONTH	FRINGE BENEFIT REPORT

			COLUMN A	COLUMN B TOTAL BASE PAY			
EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	HOURS WORKED	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, Inernational Appr Training Fund or M.U.S.T. contributions.			
LAST	INITIALS						
ENTER TOTAL HOURS WORKED AND BASE PAY OF THIS FORM ON LINES PROVIDED	N FRONT SIDE OF	TOTALS:					

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

RM ST. CLAIR/SAN FIRST SHIFT JOURNEYMAN

REV. 06/24 EMPLOYERS MONTHLY

FRINGE BENEFIT REPORT

|--|

ADDRESS						CODE NO.				WORKE	ED MONTH/YEAF	8			RMS
CITY AND STATE ZIP					REPORT DATE				Report All Weekly The a	Payroll Perior above Month	ds Ending In	NUMBER OF PAGES IN THIS REPORT			
PLEASE	INDICATE	THE C	OLLECTIVE BARGAINI BEN							ACING A MARK BE OVIDED AT THE BO			TE SECTION.	THEN INSERT	THE FRINGE
Check Section	Section		COMMERCIAL AGREEMENT	rs	Effective Dates	Health & Welfare	Vacation	Pension	Annuity	International Pension	Int'l Appr Trng Fund	Appr.	Working Dues	Industry Advmt.	M.U.S.T
	Α		Contractors - Associated al Contractors of Michig		Jun-24	\$7.70 HOURS WORKED	\$2.06 HOURS PAID	\$9.04 HOURS PAID	\$2.79 HOURS WORKED	\$1.10 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$1.44 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	A 1		Contractors - Constructio	on	Jun-24	\$7.70 HOURS WORKED	\$2.06 HOURS PAID	\$9.04 HOURS PAID	\$2.79 HOURS WORKED	\$1.10 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$1.44 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	В		I Contractors - Associate ete Contractors of Michi		Jun-24	\$7.70 HOURS WORKED	\$2.06 HOURS PAID	\$9.04 HOURS PAID	\$2.79 HOURS WORKED	\$1.10 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$1.44 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED
TOTAL HO		RKED F	ROM			TOTAL HOU COLUMN B:	RS PAID FRO	M	1						
FRING	GE BENE FUND	FIT	Enter Below the Contribution Rates From Applicable Section (See Above)		MULTIP			TOTAL		ADJU	JSTMENT	6	AMOUNT DU		JE
HEALTH a	and WELF	ARE	\$7.70	Н	IOURS WO		\$			\$			\$		
VACATION	N		\$2.06		HOURS I COLUM										
PENSION			\$9.04		HOURS PAID COLUMN B										
ANNUITY			\$2.79	н	IOURS WO										
INTERNAT	T'L PENSIC	N	\$1.10	н	HOURS WORKED COLUMN A										
INT'L APP	R TRNG F	UND	\$0.07	н	HOURS WORKED COLUMN A										
APPRENT	ICESHIP		\$0.45	HOURS WORKED COLUMN A											
WORKING	DUES		\$1.44	HOURS WORKED COLUMN A											
INDUSTRY	Y ADVMT.		\$0.15	HOURS WORKED COLUMN A											
M.U.S.T.	M.U.S.T. \$0.05			н	IOURS WO										
											TOTAL AM	DUNT DUE:			
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 INISH THE FOLLOWING INFORMATION				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 Attn: Cement Masons' F.B.F.			" no men	Inactive this		monut pieas	e complete:								
Atth: Cement Masons' F.B.F. Dept. 78015, P.O. Box 78000						orking in area	a								
	If payment	t is not ple inte	MI 48278-0015 t made by 15th of the rest will be assessed at the annum.			Final Report	- give reason	ו 		-			SIGNATURE		
3 Explain adjustments on reverse side and attach variance notice, if applicable.															

OPCMIA L CEMENT MASO ST. CLAIF	FORM ST. CLAIR/SANILAC CNT FIRST SHIFT JOURNEYMAN - EMPLOYEE DETAIL REPORT						
OPCMIA LOCAL #514 CONTRACTOR'S	NAME	WORK	IONTH	FOR EMPLOYEE'S MONTHLY FRINGE BENEFIT REPORT			
			COLUMN A		COLUMN B		
EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	HOURS WORKED		HOURS PAID		
LAST	INITIALS						
		<u> </u>	<u> </u>				
		<u> </u>	<u> </u>				
ENTER TOTAL HOURS WORKED AND HOURS I SIDE OF THIS FORM ON LINES PROV		TOTALS:					

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

FORM ST. CLAIR/SAN SPECIAL SHIFT JOURNEYMAN
REV. 06/24
EMPLOYERS MONTHLY

FRINGE BENEFIT REPORT

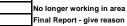
							0								
NAME					CODE NO.				CNTY SPE					IS	
ADDRESS CITY AND STATE ZIP					TELEPHONE REPORT DATE				Report All Weekly The	Payroll Peric above Month	ods Ending In	JOURNEYMAN			
PLEA	SE INDICA	TE THE	COLLECTIVE BARGAI							ACING A MARK BE			E SECTION. T	HEN INSERT TH	1E FRINGE
Check Section	Section		COMMERCIAL AGREEMENT	s	Effective Dates	Health & Welfare	Vacation	Pension	Annuity	International Pension	ational Pension Int'l Appr Trng Appr.		Working Dues	Industry Advmt.	M.U.S.T
	Α		Contractors - Associated ral Contractors of Michig		Jun-24	\$7.70 HOURS WORKED	\$2.06 HOURS PAID	\$9.04 HOURS PAID	\$2.79 HOURS WORKED	\$1.10 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$1.60 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	A 1		Contractors - Construction	on	Jun-24	\$7.70 HOURS WORKED	\$2.06 HOURS PAID	\$9.04 HOURS PAID	\$2.79 HOURS WORKED	\$1.10 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$1.60 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	в		A Contractors - Associative rete Contractors of Michi		Jun-24	\$7.70 HOURS WORKED	\$2.06 HOURS PAID	\$9.04 HOURS PAID	\$2.79 HOURS WORKED	\$1.10 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$1.60 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED
TOTAL H		RKED I	FROM			TOTAL HOU COLUMN B:	RS PAID FRC	ОМ							
	GE BENE FUND	FIT	Enter Below the Contribution Rates From Applicable Section (See Above)	N	MULTIP			TOTAL		ADJUSTMENTS			AMOUNT DUE		
HEALTH	and WELF	ARE	\$7.70	н	OURS WC		\$			\$			\$		
VACATIO	N		\$2.06		HOURS PAID COLUMN B										
PENSION			\$9.04		HOURS PAID COLUMN B										
ANNUITY			\$2.79	н	HOURS WORKED COLUMN A										
INTERNA	T'L PENSK	ON	\$1.10	н	HOURS WORKED COLUMN A										
INT'L APF	R TRNG F	UND	\$0.07	н	HOURS WORKED COLUMN A										
APPRENT	ICESHIP		\$0.45	н	HOURS WORKED COLUMN A										
WORKING	DUES		\$1.60	н	OURS WC COLUM										
INDUSTRY ADVMT.		\$0.15	н	OURS WC											
M.U.S.T.		\$0.05	н	HOURS WORKED COLUMN A											
											TOTAL A	MOUNT DUE:			
		INST	RUCTIONS	Г			IMPORTA	NT		1					
shash sayshis to Compart Messaral					LAW REQUI	RES EACH EN	MPLOYER		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.						
				were employe	ed during the	e month pleas	e 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



OPCMIA CEMENT MAS ST. CLA	FORM ST. CLAIR/SANILAC CNTY SPECIAL SHIFT JOURNEYMAN - EMPLOYEE DETAIL REPORT FOR					
OPCMIA LOCAL #514 CONTRACTOR	'S NAME	WORK	MONTH	EMPLOYER'S MONTHLY FRINGE BENEFIT REPORT		
			COLUMN A	COLUMN B		
EMPLOYEE'S NAME	EMPLOYEE'S NAME				HOURS PAID	
LAST	INITIALS					
ENTER TOTAL HOURS WORKED AND HOURS SIDE OF THIS FORM ON LINES PRO		TOTALS:				

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

FORM ST.	CLAIR/SAN	FIRST	SHIFT	FOREMAN

REV. 06/24 EMPLOYERS MONTHLY

FRINGE BENEFIT REPORT

ST. CLAIR & SANILAC COUNTIES						
	CODE NO.	WORKED MONTH/YEAR				
	TELEPHONE					

NAME				CODE NO.				WORK	KED MONTH/YEA	NR .	REQUEST FOR FORMS			
ADDRESS					TELEPHONE				-			FOREMAN	SHIFT	
CITY AND ST	CITY AND STATE ZIP					REPORT DATE			Report All Week The	ly Payroll Perio above Month		NUMBER OF PAGES IN THIS REPORT		
PLEASE	INDICATE	THE C	OLLECTIVE BARGAINI BEN	ING AGREEMENT L								E SECTION. T	HEN INSERT	THE FRINGE
Check Section			ITS Effective Dates	Health & Welfare	Vacation	Pension	Annuity	International Pension	Int'l Appr Trng Fund	Appr.	Working Dues	Industry Advmt.	M.U.S.T	
	Α	A AGC Contractors - Associated General Contractors of Michigan			\$7.70 HOURS WORKED	\$2.06 HOURS PAID	\$9.04 HOURS PAID	\$2.79 HOURS WORKED	\$1.10 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$1.50 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	A 1		Contractors - Construction	on Jun-24	\$7.70 HOURS WORKED	\$2.06 HOURS PAID	\$9.04 HOURS PAID	\$2.79 HOURS WORKED	\$1.10 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$1.50 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	B ACCM Contractors - Associated Concrete Contractors of Michigan Jun-24			\$7.70 HOURS WORKED	\$2.06 HOURS PAID	\$9.04 HOURS PAID	\$2.79 HOURS WORKED	\$1.10 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$1.50 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED	
	TOTAL HOURS WORKED FROM COLUMN A:			TOTAL HOU COLUMN B:	JRS PAID FRO	M								
	FRINGE BENEFIT FUND See Above)		MULTIP	Y BY	TOTAL		ADJUSTMENTS			AMOUNT DUE				
HEALTH a	and WELF	ARE	\$7.70	HOURS WO COLUM		\$			\$			\$		
VACATIO	N		\$2.06	HOURS I COLUM										
PENSION			\$9.04	HOURS I COLUM										
ANNUITY			\$2.79	HOURS WO COLUM										
INTERNA	T'L PENSIO	ON	\$1.10	HOURS WO COLUM										
INT'L APP	R TRNG F	UND	\$0.07	HOURS WO COLUM										
APPRENT	ICESHIP		\$0.45	HOURS WO COLUM										
WORKING	DUES		\$1.50	HOURS WO COLUM										
INDUSTRY ADVMT.		\$0.15	HOURS WO COLUM											
M.U.S.T.			\$0.05	HOURS WO COLUM										
										TOTAL AM	OUNT DUE:			

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.

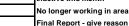
3 Explain adjustments on reverse side and attach variance notice, if applicable.

IMPORTANT

FEDERAL LAW REQUIRES EACH EMPLOYER TO FURNISH THE FOLLOWING INFORMATION

If no men were employed during the month please complete:

Inactive this month



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.

OPCM CEMENT MAS ST. CLA	FORM ST. CLAIR/SANILAC CNTY FIRST SHIFT FOREMAN - EMPLOYEE DETAIL REPORT					
OPCMIA LOCAL #514 CONTRACTOR	S NAME	WORK	MONTH	FOR EMPLOYER'S MONTHLY FRINGE BENEFIT REPORT		
EMPLOYEE'S NAME		SOCIAL SECURITY			COLUMN B HOURS	
		NUMBER	HOURS WORKED		PAID	
LAST	INITIALS					
ENTER TOTAL HOURS WORKED AND HOURS SIDE OF THIS FORM ON LINES PRO		TOTALS:				

OPCMIA LOCAL #514 <u>Foreman</u>

FORM ST. CLAIR/SAN SPECIAL SHIFT FOREMAN

REV. 06/24 EMPLOYERS MONTHLY

WORKED CEMENT MASONS' FRINGE BE						NEFIT F				FRINGE BEN	EFIT REPORT	r			
					ST	. CLAIR	& SANI	LAC CC	UNTIE	5					
ADDRESS						CODE NO.				WORł	KED MONTH/YE.	AR	RE FORM ST. CL CNTY SPECIA FOREMAN		
CITY AND STATE ZIP			ZIP	REPORT DATE					Report All Weekly Payroll Periods Ending In The above Month REPORT						
PLEASE	INDICATE	THE CO	LLECTIVE BARGAININ BENE							CING A MARK BI			E SECTION. 1	HEN INSERT	THE FRINGE
Check Section	Section	0	COMMERCIAL AGREEMEN	rs	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-24	\$7.70 HOURS WORKED	\$2.06 HOURS PAID	\$9.04 HOURS PAID	\$2.79 HOURS WORKED	\$1.10 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$1.66 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED	
	A 1		ontractors - Construction of Michigan	on	Jun-24	\$7.70 HOURS WORKED	\$2.06 HOURS PAID	\$9.04 HOURS PAID	\$2.79 HOURS WORKED	\$1.10 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$1.66 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	B ACCM Contractors - Associated Concrete Contractors of Michigan			Jun-24	\$7.70 HOURS WORKED	\$2.06 HOURS PAID	\$9.04 HOURS PAID	\$2.79 HOURS WORKED	\$1.10 HOURS WORKED	\$.07 HOURS WORKED	\$.45 HOURS WORKED	\$1.66 HOURS WORKED	\$.15 HOURS WORKED	\$.05 HOURS WORKED	
	OURS WOR		ROM				IRS PAID FRO	M	1				1		
	<u>A:</u> BE BENE FUND	FIT	Enter Below the Contribution Rates From Applicable Section (See Above)		MULTIPY	<u>COLUMN B:</u> Y BY	B: TOTAL			ADJUSTMENTS			AMOUNT DUE		
HEALTH a	and WELFA	RE	\$7.70	н	HOURS WORKED COLUMN A		\$	\$		\$			\$		
VACATIO	N		\$2.06		HOURS PAID COLUMN B										
PENSION			\$9.04		HOURS PAID COLUMN B										
ANNUITY			\$2.79		HOURS WORKED COLUMN A										
INTERNA	T'L PENSIC	N	\$1.10		HOURS WORKED COLUMN A										
INT'L APP	R TRNG F	UND	\$0.07		HOURS WORKED COLUMN A										
APPRENT	ICESHIP		\$0.45		IOURS WO COLUMN	1 A									
WORKING	DUES		\$1.66		IOURS WO COLUMN	1 A									
INDUSTR	Y ADVMT.		\$0.15		IOURS WO COLUMN	1 A									
M.U.S.T.			\$0.05	Н	IOURS WO COLUMN										
											TOTAL AN	IOUNT DUE:			
check payable to Cement Masons' F.B.F. Keep one copy for your records. Mail one copy with your check to:			TO FURNIS	IMPORTANT DERAL LAW REQUIRES EACH EMPLOYER FURNISH THE FOLLOWING INFORMATION o men were employed during the month please complete: Inactive this month No longer working in area				By filing this form, the undersigned employer confirms that he or it has agreed t make employee fringe benefit contributions, the detailed basis of which is as se out above.							
	If payment month, sim the rate of	is not ple intere 12% per				Final Report	t - give reason						SIGNATURE		
3 Explain adjustments on reverse side and															

attach variance notice, if applicable.

OPCMIA CEMENT MASO ST. CLAIR	FORM ST. CLAIR/SANILAC CNTY SPECIAL SHIFT FOREMAN - EMPLOYEE DETAIL					
OPCMIA LOCAL #514 CONTRACTOR'S		WORK	MONTH	REPORT FOR EMPLOYER'S MONTHLY FRINGE BENEFIT REPORT		
EMPLOYEE'S NAME	EMPLOYEE'S NAME			COLUMN B HOURS PAID		
LAST	INITIALS					
			<u> </u>			
ENTER TOTAL HOURS WORKED AND HOURS						
SIDE OF THIS FORM ON LINES PROV		TOTALS:				

OPCMIA LOCAL #514 <u>APPRENTICE</u> CEMENT MASONS' FRINGE BENEFIT FUNDS ST. CLAIR & SANILAC COUNTIES

FORM ST. CLAIR/SAN APPRENTICE

REV. 06/24 EMPLOYERS MONTHLY FRINGE BENEFIT REPORT

				31.		SANILA		IIE9						
NAME					CODE NO.				v	WORKED MONTH	I/YEAR		REQUEST FOR FOR	MS
ADDRESS					TELEPHONE				Report	All Weekly Pay	yroll Periods	NUMBER OF		
CITY AND STATE ZIP				ZIP	REPORT DATE					ling In The abov		PAGES IN TH REPORT	IS	
PLEAS	E INDICAT	E THE	COLLECTIVE BARGAIN FRINGE BEN	NING AGREEMENT									CTION. THEN IN	ISERT THE
Check Section	Section		COMMERCIAL AGREEMENT	rs Effective Dates	Health & Welfare	Vacation	Pension	Internati Pensio		Int'l Appr Trng Fund	Annuity	Working Dues	Industry Advmt.	M.U.S.T.
	Α		Contractors - Associated ral Contractors of Michiga		\$7.70 HOURS WORKED	\$2.06 HOURS PAID	24.6% BASE PAY	\$1.1 HOUR WORK	RS	\$.07 HOURS WORKED	\$2.79 HOURS WORKED	4% BASE PAY	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	A 1		Contractors - Construction ciation of Michigan	on Jun-24	\$7.70 HOURS WORKED	\$2.06 HOURS PAID	24.6% BASE PAY	\$1.1 HOUR WORK	RS	\$.07 HOURS WORKED	\$2.79 HOURS WORKED	4% BASE PAY	\$.15 HOURS WORKED	\$.05 HOURS WORKED
	В		A Contractors - Associate rete Contractors of Michig		\$7.70 HOURS WORKED	\$2.06 HOURS PAID	24.6% BASE PAY	\$1.1 HOUR WORK	RS	\$.07 HOURS WORKED	\$2.79 HOURS WORKED	4% BASE PAY	\$.15 HOURS WORKED	\$.05 HOURS WORKED
TOTAL HO	OURS WOR	RKED F	ROM		TOTAL HOUR COLUMN B:	RS PAID FROM					TOTAL BAS COLUMN C:	E PAY* FROM		
FRING	GE BENE FUND	FIT	Enter Below the Contribution Rates From Applicable Section (See Above)	MULTIP			TOTAL		A	ADJUSTME		AMOUNT DUE		
HEALTH a	and WELFA	ARE	\$7.70	HOURS WO COLUN		\$	\$					\$		
VACATION	N		\$2.06	HOURS COLUN	IN B									
PENSION			24.60%	BASE F COLUM	IN C	C								
INTERNAT	T'L PENSIO)N	\$1.10	HOURS WO COLUN	/IN A									
INT'L APP	PR TRNG FL	UND	\$0.07	HOURS WO COLUN	/IN A									
ANNUITY			\$2.79	HOURS WO COLUN	/IN A									
WORKING	DUES		4.00%	BASE F COLUM	IN C									
INDUSTRY	(ADVMT.		\$0.15	HOURS WO COLUN	/IN A									
M.U.S.T.			\$0.05	HOURS WO COLUN										
										TOTAL AM	OUNT DUE:			
			Base Wages paid for strai ning Fund or M.U.S.T. con		ne only, but shall	I not include Vac	ation and Holiday	/, Insuranc	e, Pensior	n, Annuity, Inter	rnational Pens	sion, Working D	ues, Industry Adv	ancement,
1	Complete f		RUCTIONS ies of this form. Make	FEDERAL										
	check paya	able to C	Cement Masons'		L LAW REQUIR								confirms that he ns, the detailed b	
F.B.F. Keep one copy for your records. Mail one copy with your check to:									as set out above		Ien contributo.	15, uie detailee 5	asis or winor	
If no mer Chase Bank			lt no men	were employed	during the mo	onth please cor	nplete:							
	Attn:	: Cemer	nt Masons' F.B.F.		Inactive this n	nonth								
	•		5, P.O. Box 78000		No longer wo			ļ	_					
	If payment	nt is not nple inter	MI 48278-0015 t made by 15th of the erest will be assessed at er annum.		Final Report -	give reason						SIGNATURE		
			ts on reverse side and otice, if applicable.											

CEMENT MASO	LOCAL #514 ONS' FRINGE R & SANILAC	FORM ST. CLAIR/SANILAC CNTY APPRENTICE - EMPLOYEE						
OPCMIA LOCAL #514 CONTRACTOR		WORK MC	ONTH	DETAIL REPORT FOR EMPLOYER'S 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, Annuity, International Pension, Working Dues, Industry Advancement, PPA, Inernational Appr Training Fund or M.U.S.T. contributions.			
LAST	INITIALS							
			<u> </u>					
			<u> </u>					
			<u> </u>					
ENTER TOTAL HOURS WORKED, HOURS PAID A								
FRONT SIDE OF THIS FORM ON LINES F		TOTALS:						