Construction Industry Fund
PO Box 7405
Carol Stream, IL 60197-7405
Phone (815) 399-0800 Fax (847) 519-1979

Please check all information below. If any changes please make corrections.

CE

Payments received after the 25th are assessed 10% liquidated damages.
Please allow 5-7 business days for delivery of mail.

Month Hours Worked Emp. CDPayment Due Date
or Contract #
6050 LOCAL 11 AREA 297 & 858

1) Report **ALL HOURS** worked each month per member and any fractions. (Do not round off hours to whole numbers). **ALL HOURS** reported are for hours worked from the 1st day of each month through the last day of each month
2) Add **ALL HOURS** under column: "TOTAL HOURS".
3) Take "TOTAL HOURS" times each rate code and type in amount under column: "TOTAL DUE".
4) Then add all figures under this column "TOTAL $ DUE" and record this amount in box "GRAND TOTAL".

5) If **NO WORK** performed for month: please check **NO WORK** box and return a copy to CONSTRUCTION INDUSTRY FUNDS. If no longer working in area, please check **FINAL REPORT** box.
6) Make check payable to CONSTRUCTION INDUSTRY
PO Box 7405 Carol Stream, IL 60197-7405

Signature

Phone

☐ FINAL RPT

☐ NO WORK

| SSN | NAME | LOCAL # | TOTAL HOURS |
|---|---|---|---|
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| | | TOTAL | |

PLEASE LINE OUT any member no longer employed and ADD any new members hired during this period.

REMITTANCE COPY (RETURN WITH CHECK)

| RATE CODE | HOURLY RATE | TOTAL HOURS REPORTED | TOTAL $ DUE |
|---|---|---|---|
| WELFARE CONST IND WELFARE FUND | $13.68 | | |
| RETIRE RETIREMENT FUND | $13.01 | | |
| ADVANCE ADVANCEMENT FUND | $0.25 | | |
| APPRENT APPRENTICESHIP | $0.80 | | |
| LAB MGM LABOR MANAGEMENT | $0.06 | | |
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Grand Total

MONTHLY REPORT OF PAYMENTS TO

**Fox Valley & Vicinity Construction Workers Fund**
**75 Remittance Drive Suite 3163**
**Chicago IL 60675-3163**
**888-770-9297**

| ACCOUNT NO |
|---|
| FOR OFFICIAL USE ONLY |

The undersigned employer, if not already a signator, hereby becomes a signatory party to the currently applicable collective bargaining agreement with the District Council or Local of the Union covering the type and area of work the listed employees and also to each agreement and Declaration of Trust, and amendments, establishing the funds for which payment is made herewith.

Please Check Here

- ☐ No Work This Month
- ☐ FINAL Report
- ☐ Send More Forms
- ☐ Change of Address
- ☐ Change in Name

| PLEASE USE SEPARATE FORMS FOR DIFFERENT RATES | CODE | WORK MONTH |
|---|---|---|
| JOB LOCATION | 297 Cement Plaster & Shop | |

| SSN | Employee Name | Local No. | Job Class | REG HOURS | OT HOURS | DT HOURS |
|---|---|---|---|---|---|---|
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PLEASE SUPPLY BUSINESS PHONE NO:

TOTALS

**NOTE:** THE NAMES ON THIS REPORT WERE LISTED BY THE FUND OFFICE AS THEY APPEARED ON YOUR PREVIOUS MONTHLY REPORT. PLEASE INDICATE ANY CORRECTIONS.

**BE SURE TO ADD THE NAME, CORRECT SOCIAL SECURITY NUMBER, ADDRESS AND BIRTHDATE OF ALL EMPLOYEES WHO WERE HIRED DURING THIS PERIOD.**

| | | | |
|---|---|---|---|
| PENS/FX | $10.70 | x_____ | = $_____ |
| DUES | $2.42 | x_____ | = $_____ |
| TRAINING | $0.09 | x_____ | = $_____ |
| INT DUES | $0.81 | x_____ | = $_____ |
| BUILDFND | $0.60 | x_____ | = $_____ |

TOTAL AMOUNT DUE $_____

**REPORTS ARE DUE BY THE 15TH OF EACH MONTH. LATE REPORTS ARE SUBJECT TO LIQUIDATED DAMAGES**

_____

SIGNED

**MAKE ONE CHECK PAYABLE TO:**
FOX VALLEY & VICINITY CONSTR
WORKERS BENEFIT FUNDS