

# CEMENT & CONCRETE WORKERS DISTRICT COUNCIL FRINGE BENEFIT FUNDS

35-30 Francis Lewis Boulevard \* Suite 201 \* Flushing, NY 11358
Phone: (718) 762-6133 \* Fax: (718) 762-5144

EMPLOYER'S REMITTANCE AGREEMENT AND REPORT

**B-Book** 

# **BUILDING CONTRACTORS ASSOCIATION**

{BCA}

## **APPRENTICE ONLY**

### JULY 1st 2022 TO JUNE 30th 2023

FIRST YEAR APPRENTICE						
Welfare Fund	\$ 9.95					
Pension Fund	\$ 0.00					
Industry Adv. Prgm	\$ 0.26					
NYSLECET	\$ 0.15					
LNHSF	\$ 0.10					
Training & Apprentice	\$ 0.94					
Scholarship	\$ 0.06					
CCWDC-L.E.C.E.T.	\$ 0.50					
Amount due per hour	\$ 11.96					

SECOND AND THIRD YEAR	APPRENTICE
Welfare Fund	\$ 9.95
Pension Fund	\$ 4.00
Industry Adv. Prgm	\$ 0.26
NYSLECET	\$ 0.15
LNHSF	\$ 0.10
Training & Apprentice	\$ 0.94
Scholarship	\$ 0.06
CCWDC-L.E.C.E.T.	\$ 0.50
Amount due per hour	\$ 15.96

ANNUITY	STRAIGHT HRS {Monday – Friday}	TIME & HALF HRS {Saturdays}	DOUBLE TIME HRS {SUNDAYS & HOLIDAYS}
1 <sup>st</sup> YEAR	\$ 2.00	\$ 3.00	\$ 4.00
2 <sup>nd</sup> YEAR	\$ 2.45	\$ 3.68	\$ 4.90
3 <sup>rd</sup> YEAR	\$ 3.55	\$ 5.33	\$ 7.10

	DUES	PAC	ORG	NYSLOF	VACATION	TOTAL
1 <sup>st</sup> YEAR	\$ 0.00	\$ 0.10	\$ 0.00	\$ 0.30	\$ 1.59	\$ 1.99
2 <sup>nd</sup> YEAR	\$ 2.00	\$ 0.10	\$ 1.35	\$ 0.30	\$ 2.07	\$ 5.82
3 <sup>rd</sup> YEAR	\$ 2.00	\$ 0.10	\$ 1.35	\$ 0.30	\$ 2.55	\$ 6.30

	STR HRS	X RATE	AMT	1.5 HRS	X RATE	AMT	DBL HRS	X RATE	AMT	TOTAL
0-1334 hrs.		\$ 15.95			\$ 16.95			\$ 17.95		
1335-2668 hrs		\$ 24.23			\$ 25.46			\$ 26.68		
2669-4000 hrs		\$ 25.81			\$ 27.59			\$ 29.36		
TOTAL										

#### ALL INFORMATION BELOW MUST BE FULLY PROVIDED WITH EACH REPORT: Print or Type

	SOCIAL SECURITY NUMBER	NAME	STRAIGHT HOURS	TIME & HALF HOURS	DOUBLE HOURS	TOTAL HOURS
Prin	nt Name of Signer:		Title			
SIG	NATURE OF CORPORATE	OFFICER OR PARTNER	DATE			_
Emplo signing Barga bind th	oyer for the period specified. The undersign gethis report on behalf of the Employer he aining Agreement currently in force with the	the information contained in this report and the attached schedule is true and correct, that the hours reported reported Employer hereby adopts and makes a part hereof the terms and conditions and the agreements printed on the eby consents and agrees to be personally bound by and to assume all of the terms and conditions, rights, liability District Council of Cement and concrete Workers comprised of Locals Nos. 6-A, 18-A and 20, with the same for streeof. The Employer agrees to make all contributions in accordance therewith in the amount set forth on This	e reverse side hereof with es and responsibilities of ce and effect as if fully set	n the same force and ef an employer in accorda forth herein, and warra	fect as if fully set forth he nce with the provisions o nts and represents that h	rein. The person f the Collective he has authority to
		{PLEASE ENTER BOTH DATES - THANK YOU}				
Rep	oort for week beginning:	and ending: Emp	oloyers Federal II	O Number:**		
NAN	ME AND ADDRESS OF GE	NERAL CONTRACTOR:				
	B LOCATION:		FAX: _			
				TEL: _		

	SOCIAL SECURITY NUMBER	NAME	STRAIGHT HOURS	TIME & HALF HOURS	DOUBLE HOURS	TOTAL HOURS
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						