

CEMENT & CONCRETE WORKERS DISTRICT COUNCIL FRINGE BENEFIT FUNDS

214-38 42nd Avenue, 2nd Floor, Bayside, NY 11361 Phone: (718) 762.6133 * Fax: (718) 762-5144 **B-Book**

EMPLOYER'S REMITTANCE AGREEMENT AND REPORT

BUILDING CONTRACTORS ASSOCIATION

{BCA}

APPRENTICE ONLY

JULY 1st 2023 TO JUNE 30th 2024

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 st YEAR	\$ 2.00	\$ 3.00	\$ 4.00
2 nd YEAR	\$ 2.45	\$ 3.68	\$ 4.90
3 rd YEAR	\$ 3.55	\$ 5.33	\$ 7.10

	DUES	PAC	ORG	NYSLOF	VACATION	TOTAL
1st YEAR	\$ 0.00	\$ 0.10	\$ 0.00	\$ 0.30	\$ 1.59	\$ 1.99
2 nd YEAR	\$ 3.00	\$ 0.10	\$ 1.35	\$ 0.30	\$ 2.07	\$ 6.82
3 rd YEAR	\$ 3.00	\$ 0.10	\$ 1.35	\$ 0.30	\$ 2.55	\$ 7.30

	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		\$ 25.23			\$ 26.46			\$ 27.68		
2669-4000 hrs		\$ 26.81			\$ 28.59			\$ 30.36		
TOTAL										

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

	SOCIAL SECURITY NUMBER	NAME	STRAIGHT	TIME & HALF	DOUBLE	TOTAL
Prin	t Name of Signer:		Title			
SIG	NATURE OF CORPORATI	E OFFICER OR PARTNER	DATE			_
Emplo signing Bargai bind th	oyer for the period specified. The undersig g this report on behalf of the Employer he ining Agreement currently in force with th	It the information contained in this report and the attached schedule is true and correct, that the hours re gned Employer hereby adopts and makes a part hereof the terms and conditions and the agreements pri reeby consents and agrees to be personally bound by and to assume all of the terms and conditions, right e District Council of Cement and concrete Workers comprised of Locals Nos. 6-A, 18-A and 20, with the ers thereof. The Employer agrees to make all contributions in accordance therewith in the amount set for	inted on the reverse side hereof hts, liabilities and responsibilities same force and effect as if fully	with the same force and e of an employer in accorda set forth herein, and warr	ffect as if fully set forth he ance with the provisions of ants and represents that I	rein. The person of the Collective one has authority to
		{PLEASE ENTER BOTH DATES – THANK YOU}				
Rep	oort for week beginning:	and ending:	Employers Federa	ID Number:*		
NAN	ME AND ADDRESS OF GE	NERAL CONTRACTOR:				
	B LOCATION: nore than 1 list all}			FAX:		
	DI OVEDO ADDDEGO:					

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