



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

EMPLOYER'S REMITTANCE AGREEMENT AND REPORT

B-Book

THE ASSOCIATION OF CONCRETE CONTRACTORS OF NY APPRENTICE ONLY

JULY 1st 2026 TO JUNE 30th 2027

FIRST YEAR APPRENTICE	
Welfare Fund	\$ 12.45
Pension Fund	\$ 0.00
Industry Adv. Prgm	\$ 0.31
NYSLECET	\$ 0.15
LNHSF	\$ 0.10
Training & Apprentice	\$ 0.94
Scholarship	\$ 0.06
CCWDC-L.E.C.E.T.	\$ 0.45
Amount due per hour	\$ 14.46

SECOND AND THIRD YEAR APPRENTICE	
Welfare Fund	\$ 14.95
Pension Fund	\$ 1.50
Industry Adv. Prgm	\$ 0.31
NYSLECET	\$ 0.15
LNHSF	\$ 0.10
Training & Apprentice	\$ 0.94
Scholarship	\$ 0.06
CCWDC-L.E.C.E.T.	\$ 0.45
Amount due per hour	\$ 18.46

ANNUITY	STRAIGHT HRS (Monday - Friday)	TIME & HALF HRS (Saturdays)	DOUBLE TIME HRS (SUNDAYS, HOLIDAYS)
1 st YEAR	\$ 3.18	\$ 4.77	\$ 6.36
2 nd YEAR	\$ 4.14	\$ 6.21	\$ 8.28
3 rd YEAR	\$ 5.10	\$ 7.65	\$ 10.20

	DUES	PAC	ORG	N.Y.S.L.O.F	VACATION	TOTAL
1 st YEAR	\$ 0.00	\$ 0.10	\$ 0.00	\$ 0.30	\$ 2.09	\$ 2.49
2 nd YEAR	\$ 3.00	\$ 0.10	\$ 1.35	\$ 0.30	\$ 2.57	\$ 7.32
3 rd YEAR	\$ 3.00	\$ 0.10	\$ 1.35	\$ 0.30	\$ 3.05	\$ 7.80

	STR HRS	X RATE	AMT	1.5 HRS	X RATE	AMT	DBL HRS	X RATE	AMT	TOTAL
0-1334 hrs.		\$ 20.13			\$ 21.72			\$ 23.31		
1335-2668 hrs		\$ 29.92			\$ 31.99			\$ 34.06		
2669-4000 hrs		\$ 31.36			\$ 33.91			\$ 36.46		
TOTAL										

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

EMPLOYERS NAME: _____
EMPLOYERS ADDRESS: _____
JOB LOCATION: _____
{If more than 1 list all} _____

TEL: _____

FAX: _____

NAME AND ADDRESS OF GENERAL CONTRACTOR: _____

Report for week beginning: _____ and ending: _____ Employers Federal ID Number: ***** _____

{PLEASE ENTER BOTH DATES - THANK YOU}

The Undersigned Employer hereby certifies that the information contained in this report and the attached schedule is true and correct, that the hours reported represent all hours worked by any cement and concrete worker in the employ of the named Employer for the period specified. The undersigned Employer hereby adopts and makes a part hereof the terms and conditions and the agreements printed on the reverse side hereof with the same force and effect as if fully set forth herein. The person signing this report on behalf of the Employer hereby consents and agrees to be personally bound by and to assume all of the terms and conditions, rights, liabilities and responsibilities of an employer in accordance with the provisions of the Collective Bargaining Agreement currently in force with the District Council of Cement and concrete Workers comprised of Locals Nos. 6-A, 18-A and 20, with the same force and effect as if fully set forth herein, and warrants and represents that he has authority to bind the Employer and the principals or members thereof. The Employer agrees to make all contributions in accordance therewith in the amount set forth on This report for each hour of employment performed within the trade and geographical jurisdiction of the District Council.

SIGNATURE OF CORPORATE OFFICER OR PARTNER _____ DATE _____

Print Name of Signer: _____ Title _____

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

For additional forms go to: WWW.CCWBF.ORG