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

A-Book

BUILDING CONTRACTORS ASSOCIATION
BCA Members

JULY 1st 2026 TO JUNE 30th 2027

A

RATES AS OF JULY 1, 2021	REGULAR RATES	
Welfare Fund	$17.45	
Pension Fund	$ 3.00	
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	

TOTAL HOURS WORKED _____x $ 22.46

B

RATES AS OF JULY 2021 ANNUITY

1. Total Straight Time Hours (Mon. - Fri.) ___ x $ 10.00 = _____
2. Total Time & Half Hrs. (Saturday) _____x $ 15.00 = _____
3. Total Double Time Hrs. (Sun. & Holidays)_ x $ 20.00 = _____
4. Amount Due $ _____

MAKE ONE CHECK PAYABLE TO:
CEMENT & CONCRETE FRINGE BENEFIT FUND
214-38 42nd Avenue, 2nd Floor,
Bayside, NY 11361

C

DUES	
Dues Check-off	$ 3.00/hr
NYSLPAC	$ 0.10/hr
Organizer	$ 1.35/hr
NYSLOF	$ 0.30/hr
Vacation	$ 3.50/hr

TOTAL HOURS WORKED _____x $ 8.25

Tel: 718-762-6133 Fax: 718-762-5144

Amount Due – Part A: $_____ + Part B: $ _____ + Part C: $_____ = TOTAL DUE FROM CONTRACTOR $_____

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

EMPLOYERS NAME: _____ TEL: _____

EMPLOYERS ADDRESS: _____ FAX: _____

JOB LOCATION: _____

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						