



# CEMENT & CONCRETE WORKERS DISTRICT COUNCIL FRINGE BENEFIT FUNDS

214-38 42<sup>nd</sup> Avenue, 2<sup>nd</sup> Floor, Bayside, NY 11361  
Phone: (718) 762.6133 \* Fax: (718) 762-5144

## EMPLOYER'S REMITTANCE AGREEMENT AND REPORT

# B-Book

## THE CEMENT LEAGUE

JULY 1<sup>st</sup> 2026 TO JUNE 30<sup>th</sup> 2027

A

| RATES AS OF JULY 1, 2021  | REGULAR<br>RATES  |  |
|---------------------------|-------------------|--|
| Welfare Fund              | \$ 14.95          |  |
| Pension Fund              | \$ 1.50           |  |
| Industry Advancement      | \$ 0.31           |  |
| NYSLECET                  | \$ 0.15           |  |
| LNHSF                     | \$ 0.10           |  |
| Training & Apprentice     | \$ 0.94           |  |
| Scholarship               | \$ 0.06           |  |
| Labor Management          | \$ 0.45           |  |
| <b>TOTAL HOURS WORKED</b> | <b>x \$ 18.46</b> |  |

B

| RATES AS OF JULY 2021                                                | ANNUITY |
|----------------------------------------------------------------------|---------|
| 1. Total Straight Time Hours (Mon. - Fri.) _____ x \$ 6.00 = _____   |         |
| 2. Total Time & Half Hrs. (Saturday) _____ x \$ 9.00 = _____         |         |
| 3. Total Double Time Hrs. (Sun. & Holidays) _____ x \$ 12.00 = _____ |         |
| 4. Amount Due \$ _____                                               |         |

**MAKE ONE CHECK PAYABLE TO:**  
**CEMENT & CONCRETE FRINGE BENEFIT FUND**  
214-38 42<sup>nd</sup> Avenue, 2<sup>nd</sup> Floor,  
Bayside, NY 11361  
Tel: 718-762-6133 Fax: 718-762-5144

C

| DUES                            |                  |
|---------------------------------|------------------|
| Dues Check-off                  | \$ 3.00/hr       |
| NYSLPAC                         | \$ 0.10/hr       |
| Organizer                       | \$ 1.35/hr       |
| NYSLOF                          | \$ 0.30/hr       |
| Vacation                        | \$ 3.50/hr       |
| <b>TOTAL HOURS WORKED</b> _____ | <b>x \$ 8.25</b> |

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<br>HOURS | TIME & HALF<br>HOURS | DOUBLE<br>HOURS | TOTAL<br>HOURS |
|----|------------------------|------|-------------------|----------------------|-----------------|----------------|
| 1  |                        |      |                   |                      |                 |                |
| 2  |                        |      |                   |                      |                 |                |
| 3  |                        |      |                   |                      |                 |                |
| 4  |                        |      |                   |                      |                 |                |
| 5  |                        |      |                   |                      |                 |                |
| 6  |                        |      |                   |                      |                 |                |
| 7  |                        |      |                   |                      |                 |                |
| 8  |                        |      |                   |                      |                 |                |
| 9  |                        |      |                   |                      |                 |                |
| 10 |                        |      |                   |                      |                 |                |

For additional forms go to: [WWW.CCWBF.ORG](http://WWW.CCWBF.ORG)