## UA Local 190 Plumbers - Pipefitters - Service Technicians - Gas Distribution

# CONTRACTOR'S MONTHLY PAYROLL REPORT
# COOK NUCLEAR PLANT

**EFFECTIVE 6-1-16**

Employer _____ Page No._____

Address _____ Zip Code _____

Telephone _____ Fax No. _____

**THIS REPORT IS DUE THE 19TH OF THE MONTH!**

Employer's Report for Payroll Month Ending

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**LIST ALL EMPLOYEES ALPHABETICALLY AND SHOW ONLY ACTUAL HOURS WORKED**

| 1. EMPLOYEE'S NAME | 2. Social Security Number | 3. Straight Time Hours Worked | 4. Time and One-Half Hours | 5. Double Time Hours Worked | 6. 401k Plan |
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| | **TOTALS** | | | | * |

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|---|---|---|
| Health Care Contribution | $9.28 | $_____ |
| Individual Health Reimbursement | .75 | $_____ |
| Defined Benefit Pension | 9.83 | $_____ |
| Defined Contribution Pension | .25 | $_____ |
| Scholarship Fund | .03 | $_____ |
| Dues Check-Off (Includes Dues Check-Off $1.08/Job Targeting $.25 & Building Fund $.15) | 1.48 | $_____ |
| S.U.B. Fund | .25 | $_____ |
| Training Fund | .80 | $_____ |
| Organizing Fund | .35 | $_____ |
| Labor-Management Fund | .06 | $_____ |
| Work Safe Fund | .04 | $_____ |
| **Total Hours .....at $23.12** | | $_____ |
| 401k - (Base Wage) | | $_____ * |
| **TOTAL FRINGE BENEFIT CHECK** | | $_____ |

★★ Pension Contribution **ONLY** for employees who have worked in this classification for 1 year or more.

Send: ORIGINAL with Checks Payable To:
**UA LOCAL 190 FRINGE BENEFIT PLANS**
**P.O. BOX 674074, DETROIT, MI 48267-4074**

**Final Report** ☐

Elected 401k is deducted and deposited at the straight time rate. You must have a Dues Check-Off form permitting the deduction, as it is being taken from the current employees pay.

**Questions may be answered by contacting the Administrative Office at:**

**Telephone (888) 390-7473**
**www.ua190benefits.org**

I certify that the information contained in the report is a full and accurate statement of all employees working under the jurisdiction of UA Local 190 Plumbers - Pipefitters - Service Technicians - Gas Distribution.

It is the contractor's responsibility to assure the payment is received no later than the 19th of each month. For information on payment procedures contact the number above.

The Employer named above agrees to be bound by all the provisions relating to fringe benefit funds contained in the collective bargaining agreements covering employees in the trade for which this report is made, for our employees in such trade, for the duration of such labor agreements, as well as the applicable trust agreements. The Employer further agrees that the undersigned has the authority to so bind the Employer with his or her signature.

_____
(Signature) (Date)

☐ Please Send Additional Forms

Overnight Address: **674074 Lockbox Department**
**UA Local 190 Fringe Benefit Plans**
**39200 W. Six Mile Rd.**
**Livonia, MI 48152-4074**