EFFECTIVE
5-1-16

PLUMBER AND PIPEFITTERS LOCAL No. 190

CONTRACTOR'S MONTHLY PAYROLL REPORT

MICHIGAN GAS DISTRIBUTION

JOURNEYMAN INSTALLER - ZONE 2

Page No._____

Employer _____

Address _____ Zip Code _____

Telephone _____ FAX No. _____

THIS REPORT IS DUE THE 19TH OF THE MONTH!

Employer's Report for Payroll Month Ending

_____

LIST ALL EMPLOYEES ALPHABETICALLY AND SHOW ONLY ACTUAL HOURS WORKED

1. EMPLOYEE'S NAME	2. SOCIAL SECURITY NUMBER	3. HOURS WORKED	4. 401k PLAN
	TOTALS		*

Final Report ☐

Health & Welfare Contribution	$8.53	$ _____
Individual Health Reimbursement	.45	$ _____
Pension Defined Benefit	2.58	$ _____
Pension Defined Contribution	.25	$ _____
Scholarship Fund	.03	$ _____
Dues Check-Off (Includes Dues Check-Off $.76/Building Fund $.10)	.86	$ _____
S.U.B. Fund	.25	$ _____
NDPIC & PF	.15	$ _____
Training Fund	.38	$ _____
International Training Fund	.10	$ _____
Total Hours ..... at $13.58 Per Hour		$ _____
401k - (Base Wage)		$ _____ *
TOTAL FRINGE BENEFIT CHECK		$ _____

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

PLUMBERS AND PIPEFITTERS LOCAL No. 190

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.

_____

(Signature) (Date)

❑ Please Send Additional Forms

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

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