Conjunct Program Welfare Contribution Remittance Reports Preparation Instructions

General Instructions: The instructions on the following pages have been designed to assist you in the preparation of your Contribution Remittance Reports. For clarification, numbers used for illustration purposes will coincide with the instruction numbers. The instructions illustrate the information that will be pre-printed by the Administrative Office and the information which the employer must provide.

Contribution Remittance Reports: Contribution Remittance Reports are pre-printed each month by the Administrative Office according to the contract signed by the employer and the union. The Conjunct Program is a prepaid plan which provides coverage in the month following the work month. January's Remittance Report provides coverage for the month of February.

- **1.** *Contract Number This is the number assigned to the labor agreement between the employer and the Union.
- 2. *Contract Name Identifies the status of each tier of coverage, Single, Member & Spouse, Member & Child, and Family. A separate contract number and Contribution Form will be provided for each tier of coverage.
- ***Period Ending** The work month that is being reported. This will provide coverage for the following month. (January reports will provide coverage for the month of February.)
- ***Due No Later Than** Conjunct Contribution Remittance Reports are due the 15TH of the month worked for coverage in the following month.
- ***Employer Number** This is your identification number at the Administrative Office. Always use this number when corresponding with our office about your account.
- **6.** *Employer Name and Address Your name and address as recorded on our files.
- **7.** <u>Change of Address Enter any address corrections or changes in the space provided.</u>
- **8.** *Employee Social Security Number Social Security Numbers will appear pre-printed as recorded on your previous Contribution Remittance Report filed with our office.
- **9.** *Employee Name As recorded on your previous Contribution Remittance Reports filed with the Administrative Office.

<u>Please Note-</u> If you had additional employees performing reportable work who are not prelisted, place the names and social security numbers after the last prelisted name. These names will be included in the subsequent pre-printed report you will receive. If a prelisted employee did not perform any reportable work during the period covered by the report, please make the correction on the report and the name will not appear on the subsequent pre-printed report.

- 10. <u>Number of Man Months Reporting</u> The number of coverage months being reported for each employee (usually "1" for current reports).
- **11.** *Contract Rate Conjunct rates are specified and made as part of each collective bargaining agreement and/or office and supervisory agreement covering Conjunct Program participants.
- **12.** <u>Total Number of Employees Reporting</u> Enter the total number of employees that you are reporting under this contract number (all pages).
- **13.** <u>Supplies Request</u> This section is provided for the ordering of additional materials. Enter the quantity needed for each item.
- **14.** <u>Date Prepared, Prepared by, Title</u> This information provides a contact person in the event the Administrative Office has questions regarding your report.
- **15.** <u>Total Contribution Amount</u> The total amount submitted for the contract number. This amount is calculated by multiplying the total number of reported employees by the current Conjunct Rate.
- **16.** Gross Wages Reporting, Hours Reporting, Working Dues Not Deducted These fields apply to Construction Industry Program Reports and should not be used for Conjunct Welfare Reports.
- **17.** Send Original Report and Payment To This is the only address to which reports and payments will be accepted. Do not send reports or payments to any other address.
- **18.** Make Check Payable To Bank of New York-Mellon Laborers' Contribution Account 182-9347

*Identifies information which will be preprinted monthly on your Contribution Remittance Report Forms by the Administrate Office.

CONTRIBUTION REMITTANCE REPORT

ADMINISTRATIVE OFFICE OF THE LABORERS' COMBINED FUNDS OF WESTERN PENNSYLVANIA 12 EIGHTH STREET, SUITE 500 PITTSBURGH, PA 15222 TELEPHONE: (412) 263-0900

NOTICE: Under Pennsylvania law, every person, firm, partnership, association, corporation, and any agent or officer of a firm, partnership, association or corporation may be subject to civil liability, as well as criminal penalties, for failure to make payment of fringe benefits, such as those covered by this Penort

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