

**Remittance Report for Operative Plasterers' Local 262-Plaster. & Spray Fireproof. Assoc. Apprentice, Effective July 1, 2018:**

Percentage	Total Hours	x Rate	Amount Due
40%		\$14.97	
45%		\$16.71	
55%		\$19.16	
60%		\$20.42	
70%		\$22.98	
75%		\$24.26	

The Employer hereby acknowledges and agrees that it is bound by all the terms of the currently effective Collective Bargaining Agreement between the Operative Plasterers' Local 262 and the Plastering & Spray Fireproofing Assoc. of NY, including, without limitation, of the CBA currently in force, addressing contributions to be made to the N.E.D.C. of the OPCMIA Fringe Benefits Fund. Furthermore, the Employer hereby acknowledges and agrees that it is bound by the Agreements and Declarations of Trust (the "Trusts") establishing the Funds, which are incorporated by reference in the CBA. If the Employer wishes to receive a copy of the CBA or the Trusts, please contact the Funds' office at the address and phone number listed above.

EMPLOYER FEDERAL ID# \_\_\_\_\_

ALL INFORMATION BELOW MUST BE FULLY PROVIDED WITH EACH REPORT-

EMPLOYERS NAME: \_\_\_\_\_ EMPLOYERS ADDRESS: \_\_\_\_\_

JOB LOCATION \_\_\_\_\_

WEEK ENDING \_\_\_\_\_

Social Security #	Last Name	First Name	Total Hours Worked
		X Rate	Amount Due
		40% \$15.19	
		45% \$18.41	
		55% \$21.23	
		60% \$22.66	
		70% \$25.59	
		75% \$27.06	

Payments covering contributions to the Operative Plasterers' Local 262 Pension Fund, the N.E.D.C. of the OPCMIA Welfare Fund, Vacation Fund, Annuity Fund, Apprenticeship Fund, Organizing Fund, IAP Funds, LMC Fund, Dues, and International Assessment shall be made weekly. A single check covering the combined contributions to the above mentioned Funds shall be made payable to the N.E.D.C. of the OPCMIA Fringe Benefit Funds. This check shall be given to the shop steward or Operative Plasterer on the job on the employers regular pay day, who shall in turn verify the correctness of the amounts and the number of employees covered. Where an employee is laid off and receives his wages other than on the employers regular pay day, said employee shall be given a check to cover the contributions due the aforesaid funds.

**\*\*The above Statements are warranted to be true and correct\*\***

Signature of Corporate Officer \_\_\_\_\_ Print Name \_\_\_\_\_

By signing this form, you expressly acknowledge that you are an authorized representative of the Employer and have the authority to legally bind the Employer.

**Remittance Report for Operative Plasterers' Local 262- Independent Contractor, Tier I Apprentice, Effective August 1, 2018:**

Percentage	Total Hours	x Rate	Amount Due
40%		\$18.00	
45%		\$19.74	
55%		\$22.19	
60%		\$23.45	
70%		\$26.01	
75%		\$27.29	

The Employer hereby acknowledges and agrees that it is bound by all the terms of the currently effective Collective Bargaining Agreement between the Operative Plasterers' Local 262 and the Independent Contractor Tier I, including, without limitation, of the CBA currently in force, addressing contributions to be made to the N.E.D.C. of the OPCMIA Fringe Benefits Fund. Furthermore, the Employer hereby acknowledges and agrees that it is bound by the Agreements and Declarations of Trust (the "Trusts") establishing the Funds, which are incorporated by reference in the CBA. If the Employer wishes to receive a copy of the CBA or the Trusts, please contact the Funds' office at the address and phone number listed above.

EMPLOYER FEDERAL ID# \_\_\_\_\_

**All INFORMATION BELOW MUST BE FULLY PROVIDED WITH EACH REPORT**

EMPLOYERS NAME: \_\_\_\_\_ EMPLOYERS ADDRESS: \_\_\_\_\_

JOB LOCATION \_\_\_\_\_

WEEK ENDING \_\_\_\_\_

Social Security #	Last Name	First Name	Total Hours Worked
	<b>Total Hours</b>	<b>X Rate</b>	<b>Amount due</b>
		40%-\$18.00	
		45%-\$19.74	
		55%-\$22.19	
		60%-\$23.45	
		70%-\$26.01	
		75%-\$27.29	

Payments covering contributions to the Operative Plasterers' Local 262 Pension Fund, the N.E.D.C. of the OPCMIA Welfare Fund, Vacation Fund, Annuity Fund, Apprenticeship Fund, IAP Funds, LMC Fund, Dues, Organizing Fund and International Assessment shall be made weekly. A single check covering the combined contributions to the above mentioned Funds shall be made payable to the N.E.D.C. of the OPCMIA Fringe Benefit Funds. This check shall be given to the shop steward or Operative Plasterer on the job on the employers regular pay day, who shall in turn verify the correctness of the amounts and the number of employees covered. Where an employee is laid off and receives his wages other than on the employers regular pay day, said employee shall be given a check to cover the contributions due the aforesaid funds.

**\*\*The above Statements are warranted to be true and correct\*\***

Signature of Corporate Officer \_\_\_\_\_ Print Name \_\_\_\_\_

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**Remittance Report for Operative Plasterers' Local 262- Tier II Apprentice, Effective August 1, 2018:**

Percentage	Total Hours	x Rate	Amount Due
50%		\$10.75	
60%		\$12.15	
70%		\$12.64	

The Employer hereby acknowledges and agrees that it is bound by all the terms of the currently effective Collective Bargaining Agreement between the Operative Plasterers' Local 262 and the Tier II Contractor, including, without limitation, of the CBA currently in force, addressing contributions to be made to the N.E.D.C. of the OPCMIA Fringe Benefit Funds. Furthermore, the Employer hereby acknowledges and agrees that it is bound by the Agreements and Declarations of Trust (the "Trusts") establishing the Funds, which are incorporated by reference in the CBA. If the Employer wishes to receive a copy of the CBA or the Trusts, please contact the Funds' office at the address and phone number listed above.

EMPLOYER FEDERAL ID# \_\_\_\_\_

ALL INFORMATION BELOW MUST BE FULLY PROVIDED WITH EACH REPORT-

EMPLOYERS NAME: \_\_\_\_\_ EMPLOYERS ADDRESS: \_\_\_\_\_

JOB LOCATION \_\_\_\_\_

WEEK ENDING \_\_\_\_\_

Social Security #	Last Name	First Name	Total Hours Worked
	<b>Total Hours</b>	<b>X Rate</b>	<b>Total of %due</b>
		50%-\$10.75	
		60%-\$12.15	
		70%-\$12.64	
	<b>Amount due:</b>		

Payments covering contributions to the Operative Plasterers' Local 262 Pension Fund, the N.E.D.C. of the OPCMIA Welfare Fund, Vacation Fund, Annuity Fund, Apprenticeship Fund, IAP Funds, LMC Fund, Dues, Organizing Fund and International Assessment shall be made weekly. A single check covering the combined contributions to the above mentioned Funds shall be made payable to the N.E.D.C. of the OPCMIA Fringe Benefit Funds. This check shall be given to the shop steward or Operative Plasterer on the job on the employers regular pay day, who shall in turn verify the correctness of the amounts and the number of employees covered. Where an employee is laid off and receives his wages other than on the employers regular pay day, said employee shall be given a check to cover the contributions due the aforesaid funds.

**\*\*The above Statements are warranted to be true and correct\*\***

Signature of Corporate Officer \_\_\_\_\_ Print Name \_\_\_\_\_

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