

**\*\*\*\*\* REVISED RATES \*\*\*\*\***

**PLEASE DISREGARD  
PREVIOUS MAILING**



# Operative Plasterers' and Cement Masons' International Association Local 262

---

**Dale Alleyne**  
*Business Manager/President*

**Kern Alexis**  
*Business Agent/Financial Secretary-Treasurer*

June 17, 2019

**RE: Plasterers' Local 262 wage & benefits increase**

**Union Trustees**

Dale Alleyne  
Kern Alexis

\*Kenneth Delanty  
Alternate

Contributing Employers,

**TIER I**

Please be advised that there will be an increase to the Plasterers' Local 262 wage and benefit package effective August 01, 2019. There will be a total increase of \$1.00. This increase will be allocated as follows:

**Vice-President**

Brendan Spillane

**Wages: \$0.15 (.01 Int. Assessment + \$.14 Dues check off)**  
**Welfare Fund: \$0.25**  
**Annuity Fund: \$0.60**  
**\$1.00**

**Recording Secretary**

Dexter George

This will be the final increase for Local 262's current collective bargaining agreement. There will be a new collective bargaining agreement negotiated that will commence August 01, 2020.

**Executive Board**

Dale Alleyne  
Brendan Spillane  
Kern Alexis  
Dexter George  
Paolo Pulcini  
Kenny Delanty  
Kerron Dick

**TIER II**

Please be advised that the Independent TIER II Welfare rate has been increased from \$8.70 to \$10.95 that will reflect a \$2.25 increase. The increase is to correct the prior contribution amount which mistakenly was the same rate as the Association.

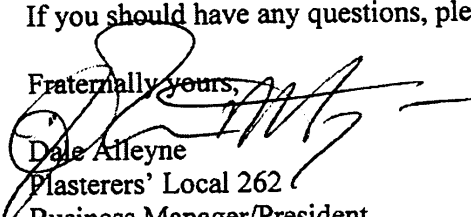
**Sgt. at Arms**

Cleaveland Barrett

**Wages: \$0.15 (.01 Int. Assessment + \$.14 Dues Check off)**  
**Welfare Fund: \$.25**  
**Annuity Fund: \$.80**  
**\$1.20 (which includes the previously omitted August 1, 2018 increase, (\$.20) in addition to the agreed-upon \$.60)**

If you should have any questions, please don't hesitate to contact me.

Fraternally yours,

  
Dale Alleyne  
Plasterers' Local 262  
Business Manager/President

---

150-50 14th RD., Suite 4 • Whitestone, NY 11357  
Phone: (718) 357-3750 • Fax: (718) 357-2057  
www.OPCMIA262.com



# Plasterers' Local 262

150-50 14<sup>th</sup> Road, Whitestone, NY 11357

## Independent Contractors – Tier I Wage & Benefits

August 1, 2019 – July 31, 2020

June 2019

Dear Contributing Employer,

Please be advised, there is an increase to the Plasterers' benefit package effective, Aug. 1, 2019. This is the increase for Local 262's current Collective Bargaining Agreement. There will be a new Collective Bargaining Agreement negotiated Aug. 1, 2020.

**\*\*Please note Vacation Fund, Organizing Fund, Dues Check off and International Check off are to be included in the wages, taxed, then deducted from the wages and added to the benefits.\*\***

Journey person		
<u>Wage</u>	<u>Benefit Breakdown</u>	<u>Amount</u>
<b>\$45.73</b>	Welfare	\$12.27
	Annuity	\$7.45
	Vacation	\$5.00
	Pension	\$4.65
	Apprenticeship	\$1.00
	Industry Advancement	\$0.40
	Labor Management	\$0.25
	Organizing Fund	\$0.25
	Dues Check Off	\$2.83
	International Assessment	<u>\$0.78</u>
	<b>\$34.88</b>	

55% Apprentice			60% Apprentice		
<u>Wage</u>	<u>Breakdown</u>	<u>Amount</u>	<u>Wage</u>	<u>Breakdown</u>	<u>Amount</u>
<b>\$25.29</b>	Welfare	\$12.27	<b>\$27.59</b>	Welfare	\$12.27
	Annuity	\$1.44		Annuity	\$2.08
	Vacation	\$2.75		Vacation	\$3.00
	Pension	\$2.56		Pension	\$2.79
	Apprenticeship	\$1.00		Apprenticeship	\$1.00
	Industry Advancement	\$0.40		Industry Advancement	\$0.40
	Labor Management	\$0.25		Labor Management	\$0.25
	Organizing Fund	\$0.14		Organizing Fund	\$0.15
	Dues Check Off	\$1.56		Dues Check Off	\$1.70
	International Assessment	<u>\$0.48</u>		International Assessment	<u>\$0.51</u>
	<b>\$22.85</b>		<b>\$24.15</b>		

Local 262  
 Independent  
 Rates  
 8/1/19  
 Tier I

<b>70% Apprentice</b>			<b>75% Apprentice</b>		
<u><b>Wage</b></u>	<u><b>Breakdown</b></u>	<u><b>Amount</b></u>	<u><b>Wage</b></u>	<u><b>Breakdown</b></u>	<u><b>Amount</b></u>
<b>\$32.19</b>	Welfare	\$12.27	<b>\$34.48</b>	Welfare	\$12.27
	Annuity	\$3.36		Annuity	\$4.00
	Vacation	\$3.50		Vacation	\$3.75
	Pension	\$3.26		Pension	\$3.49
	Apprenticeship	\$1.00		Apprenticeship	\$1.00
	Industry Advancement	\$0.40		Industry Advancement	\$0.40
	Labor Management	\$0.25		Labor Management	\$0.25
	Organizing Fund	\$0.18		Organizing Fund	\$0.19
	Dues Check Off	\$1.99		Dues Check Off	\$2.14
	International Assessment	\$0.58		International Assessment	\$0.61
		<hr/> <b>\$26.79</b>			<hr/> <b>\$28.10</b>

**Remittance Report for Operative Plasterers' Local 262 – Independent Contractors, Tier I Effective August 1, 2019:**

Benefit Funds	Rate
Welfare	\$12.27
Annuity	\$7.45
Vacation	\$5.00
Pension	\$4.65
Apprenticeship	\$1.00
Industry Advanc.	\$0.40
Labor Mgmt.	\$0.25
Organizing Fund	\$0.25
Dues Check off	\$2.83
int'l Assessment	\$0.78
<b>Total</b>	<b>\$34.88</b>
Total Hours:	

Total Due \$

Make one check payable to  
 N.E.D.C. of the OPCMIA Fringe Benefit Funds

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/MONTH ENDING \_\_\_\_\_

Social Security #	Last Name	First Name	Total Hours
			Worked
	<b>Total Hours</b>		
	<b>x Rate</b>		<b>\$34.88</b>
	<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 \_\_\_\_\_

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. **\*\*THIS FORM MUST BE SIGNED AND COMPLETED OR THE FUND OFFICE WILL NOT ACCEPT THE BENEFITS\*\***

Northeast District Council of the OPCMIA Fringe Benefit Funds -100 Merrick Road, Suite 500 West, Rockville Centre, NY 11570  
 Phone: (516)775-2280 Fax: (516)775-4064

**Remittance Report for Operative Plasterers' Local 262 – Independent Contractors, Tier I Effective August 1, 2019:**

Benefit Funds	Rate
Welfare	\$12.27
Annuity	\$7.45
Vacation	\$5.00
Pension	\$4.65
Apprenticeship	\$1.00
Industry Advanc.	\$0.40
Labor Mgmt.	\$0.25
Organizing Fund	\$0.25
Dues Check off	\$2.83
Int'l Assessment	\$0.78
<b>Total</b>	<b>\$34.88</b>
Total Hours:	

Total Due \$

Make one check payable to  
 N.E.D.C. of the OPCMIA Fringe Benefit Funds

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/MONTH ENDING \_\_\_\_\_

Social Security #	Last Name	First Name	Total Hours
			Worked
	Total Hours		
	x Rate		\$34.88
	Amount due:		

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 \_\_\_\_\_

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. **\*\*THIS FORM MUST BE SIGNED AND COMPLETED OR THE FUND OFFICE WILL NOT ACCEPT THE BENEFITS\*\***

**Remittance Report for Operative Plasterers' Local 262 – Independent Contractors, Tier I Effective August 1, 2019:**

Benefit Funds	Rate
Welfare	\$12.27
Annuity	\$7.45
Vacation	\$5.00
Pension	\$4.65
Apprenticeship	\$1.00
Industry Advanc.	\$0.40
Labor Mgmt.	\$0.25
Organizing Fund	\$0.25
Dues Check off	\$2.83
Int'l Assessment	\$0.78
<b>Total</b>	<b>\$34.88</b>
Total Hours:	

Total Due \$

Make one check payable to  
 N.E.D.C. of the OPCMIA Fringe Benefit Funds

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/MONTH ENDING \_\_\_\_\_

Social Security #	Last Name	First Name	Total Hours Worked
	<b>Total Hours</b>		
	<b>x Rate</b>		<b>\$34.88</b>
	<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 \_\_\_\_\_

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. **\*\*THIS FORM MUST BE SIGNED AND COMPLETED OR THE FUND OFFICE WILL NOT ACCEPT THE BENEFITS\*\***

**Remittance Report for Operative Plasterers' Local 262 – Independent Contractors, Tier I Effective August 1, 2019:**

Benefit Funds	Rate
Welfare	\$12.27
Annuity	\$7.45
Vacation	\$5.00
Pension	\$4.65
Apprenticeship	\$1.00
Industry Advanc.	\$0.40
Labor Mgmt.	\$0.25
Organizing Fund	\$0.25
Dues Check off	\$2.83
Int'l Assessment	\$0.78
<b>Total</b>	<b>\$34.88</b>
Total Hours:	

Total Due \$

Make one check payable to  
 N.E.D.C. of the OPCMIA Fringe Benefit Funds

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/MONTH ENDING \_\_\_\_\_

Social Security #	Last Name	First Name	Total Hours Worked
	Total Hours		
	x Rate		\$34.88
	Amount due:		

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 \_\_\_\_\_

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. **\*\*THIS FORM MUST BE SIGNED AND COMPLETED OR THE FUND OFFICE WILL NOT ACCEPT THE BENEFITS\*\***



Northeast District Council of the OPCMIA Fringe Benefit Funds -100 Merrick Road, Suite 500West, Rockville Centre, NY 11570  
 Phone: (516)775-2280 Fax: (516)775-4064

**Remittance Report for Operative Plasterers' Local 262– Independent Contractor, Tier I Apprentice, Effective August 1, 2019:**

Percentage	Total Hours	x Rate	Amount Due
55%		\$22.85	
60%		\$24.15	
70%		\$26.79	
75%		\$28.10	

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
	Total Hours	X Rate	Amount Due
		55%-\$22.85	
		60%-\$24.15	
		70%-\$26.79	
		75%-\$28.10	

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 \_\_\_\_\_

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. **\*\*THIS FORM MUST BE SIGNED AND COMPLETED OR THE FUND OFFICE WILL NOT ACCEPT THE BENEFITS\*\***

Northeast District Council of the OPCMIA Fringe Benefit Funds -100 Merrick Road, Suite 500West, Rockville Centre, NY 11570  
 Phone: (516)775-2280 Fax: (516)775-4064

**Remittance Report for Operative Plasterers' Local 262- Independent Contractor, Tier I Apprentice, Effective August 1, 2019:**

Percentage	Total Hours	x Rate	Amount Due
55%		\$22.85	
60%		\$24.15	
70%		\$26.79	
75%		\$28.10	

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
	Total Hours	X Rate	Amount Due
		55%-\$22.85	
		60%-\$24.15	
		70%-\$26.79	
		75%-\$28.10	

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 \_\_\_\_\_

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. **\*\*THIS FORM MUST BE SIGNED AND COMPLETED OR THE FUND OFFICE WILL NOT ACCEPT THE BENEFITS\*\***

Northeast District Council of the OPCMIA Fringe Benefit Funds -100 Merrick Road, Suite 500West, Rockville Centre, NY 11570  
 Phone: (516)775-2280 Fax: (516)775-4064

**Remittance Report for Operative Plasterers' Local 262- Independent Contractor, Tier I Apprentice, Effective August 1, 2019:**

Percentage	Total Hours	x Rate	Amount Due
55%		\$22.85	
60%		\$24.15	
70%		\$26.79	
75%		\$28.10	

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
	Total Hours	X Rate	Amount Due
		55%-\$22.85	
		60%-\$24.15	
		70%-\$26.79	
		75%-\$28.10	

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 \_\_\_\_\_

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. **\*\*THIS FORM MUST BE SIGNED AND COMPLETED OR THE FUND OFFICE WILL NOT ACCEPT THE BENEFITS\*\***

Northeast District Council of the OPCMIA Fringe Benefit Funds -100 Merrick Road, Suite 500West, Rockville Centre, NY 11570  
 Phone: (516)775-2280 Fax: (516)775-4064

**Remittance Report for Operative Plasterers' Local 262- Independent Contractor, Tier I Apprentice, Effective August 1, 2019:**

Percentage	Total	x Rate	Amount
	Hours		Due
55%		\$22.85	
60%		\$24.15	
70%		\$26.79	
75%		\$28.10	

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>
		55%-\$22.85	
		60%-\$24.15	
		70%-\$26.79	
		75%-\$28.10	

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 \_\_\_\_\_

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. **\*\*THIS FORM MUST BE SIGNED AND COMPLETED OR THE FUND OFFICE WILL NOT ACCEPT THE BENEFITS\*\***

Northeast District Council of the OPCMIA Fringe Benefit Funds -100 Merrick Road, Suite 500West, Rockville Centre, NY 11570  
 Phone: (516)775-2280 Fax: (516)775-4064



# Plasterers' Local 262

150-50 14<sup>th</sup> Road, Whitestone, NY 11357

## Independent Contractors

### Tier II Wage & Benefits

August 1, 2019 – July 31, 2020

June 2019

Dear Contributing employer,

Please be advised, there is an increase to the Plasterers' benefit package effective, Aug. 1, 2019. This is the increase for Local 262's current Collective Bargaining Agreement. There will be a new Collective Bargaining Agreement negotiated Aug. 1, 2020.

**\*\*Please note Vacation Fund, Organizing Fund, Dues Check off and International Check off are to be included in the wages, taxed, then deducted from the wages and added to the benefits.\*\***

<u>Journeyman</u>			<u>50% Apprentice</u>		
<u>Wage</u>	<u>Benefit Breakdown</u>	<u>Amount</u>	<u>Wage</u>	<u>Breakdown</u>	<u>Amount</u>
<b>\$30.75</b>	Welfare	\$10.95	<b>\$15.38</b>	Welfare	\$10.95
	Annuity	\$0.80		Annuity	\$0.40
	Vacation	\$0.00		Vacation	\$0.00
	Pension	\$2.30		Pension	\$1.15
	Apprenticeship	\$0.50		Apprenticeship	\$0.50
	Industry Advancement	\$0.40		Industry Advancement	\$0.00
	Labor Management	\$0.10		Labor Management	\$0.00
	Organizing Fund	\$0.25		Organizing Fund	\$0.13
	Dues Check Off	\$2.83		Dues Check Off	\$0.00
	International Assessment	<u>\$0.45</u>		International Assessment	<u>\$0.28</u>
		<b>\$18.58</b>			<b>\$13.41</b>

<u>60% Apprentice</u>			<u>70% Apprentice</u>		
<u>Wage</u>	<u>Breakdown</u>	<u>Amount</u>	<u>Wage</u>	<u>Breakdown</u>	<u>Amount</u>
<b>\$18.45</b>	Welfare	\$10.95	<b>\$21.53</b>	Welfare	\$10.95
	Annuity	\$0.48		Annuity	\$0.56
	Vacation	\$0.00		Vacation	\$0.00
	Pension	\$1.38		Pension	\$1.61
	Apprenticeship	\$0.50		Apprenticeship	\$0.50
	Industry Advancement	\$0.00		Industry Advancement	\$0.00
	Labor Management	\$0.00		Labor Management	\$0.00
	Organizing Fund	\$0.15		Organizing Fund	\$0.18
	Dues Check Off	\$1.20		Dues Check Off	\$1.41
	International Assessment	<u>\$0.31</u>		International Assessment	<u>\$0.35</u>
		<b>\$14.97</b>			<b>\$15.56</b>

**Remittance Report for Operative Plasterers' Local 262 –Independent Contr. Rates-Tier II, Effective August 1, 2019:**

Benefit Funds	Rate
Welfare	\$10.95
Annuity	\$0.80
Vacation	\$0.00
Pension	\$2.30
Apprenticeship	\$0.50
Industry Advanc.	\$0.40
Labor Mgmt.	\$0.10
Organizing Fund	\$0.25
Dues Ck Off	\$2.83
Int'l Assessment	\$0.45
<b>Total</b>	<b>\$18.58</b>
Total Hours:	

Total Due \$

Make one check payable to  
N.E.D.C. of the OPCMIA Fringe Benefit Funds

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/MONTH ENDING \_\_\_\_\_

Social Security #	Last Name	First Name	Total Hours
			Worked
	<b>Total Hours</b>		
	<b>x Rate</b>		<b>\$18.58</b>
	<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 \_\_\_\_\_

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. **\*\*THIS FORM MUST BE SIGNED AND COMPLETED OR THE FUND OFFICE WILL NOT ACCEPT THE BENEFITS\*\***

**Remittance Report for Operative Plasterers' Local 262 –Independent Contr. Rates-Tier II, Effective August 1, 2019:**

Benefit Funds	Rate
Welfare	\$10.95
Annuity	\$0.80
Vacation	\$0.00
Pension	\$2.30
Apprenticeship	\$0.50
Industry Advanc.	\$0.40
Labor Mgmt.	\$0.10
Organizing Fund	\$0.25
Dues Ck Off	\$2.83
Int'l Assessment	\$0.45
<b>Total</b>	<b>\$18.58</b>
Total Hours:	

Total Due \$ \_\_\_\_\_

Make one check payable to  
N.E.D.C. of the OPCMIA Fringe Benefit Funds

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/MONTH ENDING \_\_\_\_\_

Social Security #	Last Name	First Name	Total Hours Worked
Total Hours			
x Rate			\$18.58
Amount due:			

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 \_\_\_\_\_

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. **\*\*THIS FORM MUST BE SIGNED AND COMPLETED OR THE FUND OFFICE WILL NOT ACCEPT THE BENEFITS\*\***

**Remittance Report for Operative Plasterers' Local 262 –Independent Contr. Rates-Tier II, Effective August 1, 2019:**

Benefit Funds	Rate
Welfare	\$10.95
Annuity	\$0.80
Vacation	\$0.00
Pension	\$2.30
Apprenticeship	\$0.50
Industry Advanc.	\$0.40
Labor Mgmt.	\$0.10
Organizing Fund	\$0.25
Dues Ck Off	\$2.83
Int'l Assessment	\$0.45
<b>Total</b>	<b>\$18.58</b>
Total Hours:	

Total Due \$

Make one check payable to  
N.E.D.C. of the OPCMIA Fringe Benefit Funds

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/MONTH ENDING \_\_\_\_\_

Social Security #	Last Name	First Name	Total Hours
			Worked
	<b>Total Hours</b>		
	<b>x Rate</b>		<b>\$18.58</b>
	<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 \_\_\_\_\_

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. **\*\*THIS FORM MUST BE SIGNED AND COMPLETED OR THE FUND OFFICE WILL NOT ACCEPT THE BENEFITS\*\***



**Remittance Report for Operative Plasterers' Local 262 –Independent Contr. Rates-Tier II, Effective August 1, 2019:**

Benefit Funds	Rate
Welfare	\$10.95
Annuity	\$0.80
Vacation	\$0.00
Pension	\$2.30
Apprenticeship	\$0.50
Industry Advanc.	\$0.40
Labor Mgmt.	\$0.10
Organizing Fund	\$0.25
Dues Ck Off	\$2.83
Int'l Assessment	\$0.45
<b>Total</b>	<b>\$18.58</b>
Total Hours:	

Total Due \$

Make one check payable to  
N.E.D.C. of the OPCMIA Fringe Benefit Funds

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/MONTH ENDING \_\_\_\_\_

Social Security #	Last Name	First Name	Total Hours Worked
Total Hours			
x Rate			\$18.58
Amount due:			

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 \_\_\_\_\_

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. **\*\*THIS FORM MUST BE SIGNED AND COMPLETED OR THE FUND OFFICE WILL NOT ACCEPT THE BENEFITS\*\***

**Remittance Report for Operative Plasterers' Local 262-- Independent Contr. Rates-Tier II Apprentice, Effective August 1, 2019:**

Percentage	Total Hours	x Rate	Amount Due
50%		\$13.41	
60%		\$14.97	
70%		\$15.56	

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
	Total Hours	X Rate	Total of %due
		50%-\$13.41	
		60%-\$14.97	
		70%-\$15.56	
	Amount Due:		

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 \_\_\_\_\_

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. **\*\*THIS FORM MUST BE SIGNED AND COMPLETED OR THE FUND OFFICE WILL NOT ACCEPT THE BENEFITS\*\***

**Remittance Report for Operative Plasterers' Local 262-- Independent Contr. Rates-Tier II Apprentice, Effective August 1, 2019:**

Percentage	Total	x Rate	Amount
	Hours		Due
50%		\$13.41	
60%		\$14.97	
70%		\$15.56	

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
	Total Hours	X Rate	Total of %due
		50%-\$13.41	
		60%-\$14.97	
		70%-\$15.56	
	Amount Due:		

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 \_\_\_\_\_

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. **\*\*THIS FORM MUST BE SIGNED AND COMPLETED OR THE FUND OFFICE WILL NOT ACCEPT THE BENEFITS\*\***

**Remittance Report for Operative Plasterers' Local 262- Independent Contr. Rates-Tier II Apprentice, Effective August 1, 2019:**

Percentage	Total	x Rate	Amount
	Hours		Due
50%		\$13.41	
60%		\$14.97	
70%		\$15.56	

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
	Total Hours	X Rate	Total of %due
		50%-\$13.41	
		60%-\$14.97	
		70%-\$15.56	
	Amount Due:		

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 \_\_\_\_\_

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. **\*\*THIS FORM MUST BE SIGNED AND COMPLETED OR THE FUND OFFICE WILL NOT ACCEPT THE BENEFITS\*\***

**Remittance Report for Operative Plasterers' Local 262-- Independent Contr. Rates-Tier II Apprentice, Effective August 1, 2019:**

Percentage	Total	x Rate	Amount
	Hours		Due
50%		\$13.41	
60%		\$14.97	
70%		\$15.56	

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%-\$13.41	
		60%-\$14.97	
		70%-\$15.56	
	<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 \_\_\_\_\_

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. **\*\*THIS FORM MUST BE SIGNED AND COMPLETED OR THE FUND OFFICE WILL NOT ACCEPT THE BENEFITS\*\***