



Operative Plasterers' and Cement Masons' Local 262

1404 Blondell Ave

Bronx, NY 10461

Plastering & Spray Fireproofing Assoc.- Tier I

Wage & Benefits

Effective, November 19, 2025 – July 31, 2026

Journeyperson	Wage	Benefits	Breakdown	Amount
(Includes Ck off and Intl)	\$ 48.51	\$27.18	Welfare	\$12.02
Organizing	\$ 0.62		Annuity	\$9.50
Scholarship	\$ 0.05		Vacation	\$6.00
Total	\$ 49.18		Pension	\$4.96
add Vacation	\$ 6.00		Apprenticeship	\$0.25
Total wage per hour	\$ 55.18		Industry Advancement	\$0.40
			Labor Management	\$0.05
			Organizing	\$0.62
			Dues Check Off	\$3.50
			International Check Off	\$0.84
			Scholarship	\$0.05
Wages & Benefits = \$82.36			Total:	\$38.19

Taxable amounts to be deducted from members gross wages

- Check off, International Check off—Included in wages \$48.51
- Scholarship Fund, Organizing Fund and Vacation Fund \$6.67—to be added to gross wages, taxed, and then deducted from wages.

Phone: (516)775-2280 Fax: (516)775-4064

Straight (A)		
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Welfare		\$12.02
Pension		\$4.96
Apprenticeship		\$0.25
I.A.P.		\$0.40
Check Off		\$3.50
Int'l. Assessment		\$0.84
Vacation		\$6.00
Annuity		\$9.50
Labor Mgmt.		\$0.05
Organizing Fund		\$0.62
Scholarship Fund		\$0.05
Total		\$38.19
Total Hours:		

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., including, without limitation, of the CBA currently in force, addressing contributions to be made to the N.E.D.C. of the OPCMA 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.

WEEK/MONTH ENDING

Social Security #	Last Name	First Name	Total Hours
			Worked
	Total Hours		
	x Rate		\$38.19
	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, Organizing Fund, 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.

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**



Operative Plasterers' and Cement Masons' Local 262
1404 Blondell Ave
Bronx, NY 10461

Plastering & Spray Fireproofing Assoc.- Tier II

Wage & Benefits

Effective, November 19, 2025 – July 31, 2026

Journey person	Wage	Benefits	Breakdown	Amount
(Includes Ck off and Intl)	\$ 32.11	\$15.10	Welfare	\$10.16
Organizing	\$ 0.62		Annuity	\$1.84
Scholarship	\$ 0.05		Vacation	\$2.00
Total	\$ 32.78		Pension	\$2.40
add Vacation	\$ 2.00		Apprenticeship	\$0.25
Total wage per hour	\$ 34.78		Industry Advancement	\$0.40
			Labor Management	\$0.05
			Organizing	\$0.62
			Dues Check Off	\$3.50
			International Check Off	\$0.54
			Scholarship	\$0.05
Wages & Benefits = \$49.88			Total:	\$21.81

Taxable amounts to be deducted from members gross wages

- **Check off, International Check off –Included in wages \$32.11**
- **Scholarship Fund, Organizing Fund and Vacation Fund \$2.67—to be added to gross wages, taxed, and then deducted from wages.**

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****