

**EMPLOYER'S MONTHLY REMITTANCE FORM**

FRINGE BENEFIT FUND OFFICE COPY

Check one, when applicable  
 Inactive (no men this month)  
 Final (no men until further notice)  
 Send us reporting forms  
 More Forms available at [indianalaborers.org](http://indianalaborers.org)

INDIANA LABORERS FRINGE BENEFIT FUNDS  
 P.O. Box 1587  
 Terre Haute, Indiana 47808 Phone (812) 238-2551

This report and remittance must be mailed on or before the 10th day following the close of the month covered by this report.

**Type of Agreement**  
 Building  
 Highway  
 Other \_\_\_\_\_

Report for month ending \_\_\_\_\_ Job Site (County) \_\_\_\_\_ Local Union \_\_\_\_\_  
Month Year

**FEDERAL IDENTIFICATION NO.** \_\_\_\_\_  
**NAME** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

I certify that I have read this full report and that the information contained herein is true and correct.  
 Signature Contact Person \_\_\_\_\_  
 Email \_\_\_\_\_ Date \_\_\_\_\_

| SOC. SEC. NO.<br>necessary for each Employee | NAME OF EMPLOYEE | Total Welfare Hours | Total Pension Hours | Total Training Hours | Total ILDCTF Hours | Working Dues Fund |                   |
|--|------------------|---------------------|---------------------|----------------------|--------------------|-------------------|-------------------|
|  |                  |                     |                     |                      |                    | Amount Deducted   | Total Gross Wages |
| 1  |                  |                     |                     |                      |                    |                   |                   |
| 2  |                  |                     |                     |                      |                    |                   |                   |
| 3  |                  |                     |                     |                      |                    |                   |                   |
| 4  |                  |                     |                     |                      |                    |                   |                   |
| 5  |                  |                     |                     |                      |                    |                   |                   |
| 6  |                  |                     |                     |                      |                    |                   |                   |
| 7  |                  |                     |                     |                      |                    |                   |                   |
| 8  |                  |                     |                     |                      |                    |                   |                   |
| 9  |                  |                     |                     |                      |                    |                   |                   |
| 10   |                  |                     |                     |                      |                    |                   |                   |
| 11   |                  |                     |                     |                      |                    |                   |                   |
| 12   |                  |                     |                     |                      |                    |                   |                   |
| 13   |                  |                     |                     |                      |                    |                   |                   |
| 14   |                  |                     |                     |                      |                    |                   |                   |
| 15   |                  |                     |                     |                      |                    |                   |                   |

| FUND   | TOTAL HOURS          | INSERT APPLICABLE RATE AS GOVERNED BY PREVAILING WORKING AGREEMENT | ADJUSTMENTS | TOTAL AMT. DUE                                    | Fund Office Use Only |
|--|----------------------|--|-------------|---|----------------------|
| WELFARE  |                      | @ +/-  | =           | \$  |                      |
| PENSION  |                      | @ +/-  | =           | \$  |                      |
| ILDCTF   |                      | @ +/-  | =           | \$  |                      |
| TRAINING   |                      | @ +/-  | =           | \$  |                      |
| THE TOTAL AMOUNT DUE THE ABOVE FUNDS SHOULD BE ADDED AND ONE (1) CHECK ISSUED TO THE INDIANA LABORERS COMBINED FUNDS. INDIVIDUAL CHECKS MUST BE MADE PAYABLE TO EACH APPLICABLE FUND LISTED BELOW. |                      |  |             | Welfare-Pension-Training - ILDCTF<br><b>TOTAL</b> |                      |
| Industry Fund CAF 41, 81 CAF 213 MACIAF 645 CAPCI - 120, 204, 274, 561, 741, 1112 (building)   |                      | @ +/-  | =           | \$  |                      |
| Industry Fund ICIAF 41, 81, 120, 204 213, 274, 561, 645, 741, 795, 1112 (highway)  |                      | @ +/-  | =           | \$  |                      |
| SAT (drug policy) 41, 81, 120, 204, 213, 274, 561, 645, 741, 795, 1112 (highway)   |                      | @ +/-  | =           | \$  |                      |
| IUCSAT (drug policy) 120, 204, 213, 274, 741, 1112 (building)  |                      | @ +/-  | =           | \$  |                      |
| Laborers Working Dues Fund   | \$ Total Gross Wages | @ 5% (.05) +/-   | =           | \$  |                      |

\*ILDCTF - Indiana Laborers Defined Contribution Trust Fund

Mail all checks and THIS COPY to: P.O. Box 1587, Terre Haute, IN 47808

