



**INDIANA LABORERS FRINGE BENEFIT FUNDS**

P.O. BOX 1587 TERRE HAUTE, INDIANA 47808-1587  
 (812) 238-2551 Toll Free 1-800-962-3158

www.indianalaborers.org

**Local #645 Building Agreement – Fringe Benefit Reporting Instructions**

The following information will help you to properly complete the Employer’s Monthly Remittance Form.

1. A monthly report must be sent to the above listed office by the 10<sup>th</sup> of the month following the month for which you are reporting. **If you did not work, please submit report noted “Inactive”.**
2. Please list your Federal Identification Number on each report to ensure that your employees receive proper credit for their hours.
3. The adjustment column may be used to apply debits or credits from prior reports.
4. Computer print-outs with employee details are acceptable but must provide monthly totals for each employee listing hours, gross wages and working dues deductions. Each copy of the remittance form must have a copy of a computer print-out attached.
5. Reports should be submitted by county of job site and the corresponding Local Union for that county – not the employee’s home local. If you have multiple counties to report *within the same Local*, you may combine them into one report. We ask that you **continue to report by Local Union**, but separate remittances by county are no longer necessary.
6. Reports are to be distributed as follows:
  - a. **Three copies (fringe benefit fund office, working dues and industry fund) are to be mailed to the address listed at bottom right of form along with checks payable to the appropriate funds.**
  - b. A copy is to be mailed to Local Union #645, 23698 Western Ave, South Bend, IN 46619.
7. **Employer obligations per Building Agreement:**

**Local Union #645**

**6/1/2019**

**To**

**5/31/2020**

a. One check payable to the <b>Indiana Laborers Combined Funds</b> for total owed:	Welfare Fund Pension Fund Training Fund ILDCTF	\$6.50 8.00 .55 .70
--	---	------------------------------

---

b. One check payable to: <b>MACIAF</b>	Industry Fund	.15
--	---------------	-----

---

c. One check payable to: <b>BCRC*</b>	Drug Program	.10
---------------------------------------	--------------	-----

---

8. Authorized **Employee** deduction per Working Agreement:

- a. One check payable to: **Laborers Working Dues Fund**      **5% of gross wages**
- b. One check payable to: **ILDCPAC**      **\$.05 per hour**

---

\*Remit BCRC contributions to: BCRC, 2111 W Lincoln Hwy, Merrillville, IN 46410