



**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

## 9 Local Union Highway Agreement – Fringe Benefit Reporting Instructions

The following information will help you to properly complete the Remittance Reporting Forms.

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. See reverse for Local Union and corresponding county information.
6. Reports are to be distributed as follows:
  - a. **The first 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. The fourth (Local Union) copy is to be mailed to the Local Union (addresses on reverse side of this letter).
  - c. The fifth (other fund) copy is for miscellaneous funds and should be used as needed.
  - d. The sixth (Employer) copy is for your records.
7. **Employer obligations per Highway Agreement:**

**Local Unions 120, 204, 213, 274, 561, 645, 741, 795 and 1112**  
**All Locals, All Zones**

**Highway Agreement Rates per hour**  
**EFFECTIVE APRIL 1, 2020**

**Effective**  
**4/1/2020**  
**to**  
**3/31/2021**

a. One check payable to the <b>Indiana Laborers Combined Funds</b> for total owed:	Welfare Fund Pension Fund ILDCTF Training Fund	\$6.75 8.25 .72 .45
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b. One check payable to:	<b>ICIAF</b> (Industry Fund)	.13
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c. One check payable to:	<b>SAT</b> (ICI drug program)	.08
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8. Authorized **Employee** deduction per Working Agreement:

a. One check payable to:	<b>Laborers Working Dues Fund</b>	<b>5% of gross wages</b>
b. One check payable to:	<b>ILDPCAC</b>	<b>\$.05 per hour</b>

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