

METROPOLITAN DETROIT LABORERS

IF NO LABORERS WERE EMPLOYED DURING THE MONTH CHECK <input type="checkbox"/> HERE	FRINGE BENEFIT FUNDS ALL CONTRIBUTIONS ARE DUE BY THE 15TH OF THE MONTH FOLLOWING MONTH WORKED	FORM 1004 - NMI REMITTANCE REPORT Revised 06/28/17 EMPLOYERS' MONTHLY FRINGE BENEFIT REPORT
---	--	---

NAME OF COMPANY	CODE NO.	WORK MONTH	REQUEST FOR FORMS
ADDRESS	TELEPHONE	FORM 1004 NMI <input type="checkbox"/>	IF FINAL REPORT CHECK HERE <input type="checkbox"/>
CITY STATE ZIP	JOB SITE (COUNTY) OR UNION LOCAL NO.		

AREA OF CONSTRUCTION AND FRINGE BENEFIT RATES

PLEASE INDICATE THE AREA OR KIND OF CONSTRUCTION BEING REPORTED IN THE SPACE PROVIDED. PLEASE MARK THE APPROPRIATE SECTION AND INSERT THE FRINGE BENEFIT CONTRIBUTION RATES IN THE SPACES PROVIDED IN THE REMITTANCE SECTION

CHECK SECTION	SECTION	AGREEMENT	EFFECTIVE DATES	FRINGE BENEFIT FUND RATES AND MULTIPLIER				
				HEALTH CARE	VACATION	PENSION	TRAINING	INDUSTRY ADVANCEMENT
	A2	GENERAL CONSTRUCTION WORK AGC Greater Detroit Chapter-Local 1076 & 1191	06-17	5.45 HOURS WORKED	3.50 HOURS PAID	5.00 HOURS PAID	0.04 HOURS WORKED	0.17 HOURS WORKED
	A3	GENERAL CONSTRUCTION WORK Construction Association of Michigan (CAM)- Local 1076 & 1191	06-17	5.45 HOURS WORKED	3.50 HOURS PAID	5.00 HOURS PAID	0.04 HOURS WORKED	0.17 HOURS WORKED
	B2	ACCM - Associated Concrete Contractors of Michigan - COMMERCIAL	07-17	5.40 HOURS WORKED	3.50 HOURS PAID	5.00 HOURS PAID	0.04 HOURS WORKED	0.15 HOURS WORKED
	C2	MASONRY & GENERAL CONSTRUCTION CONTRACT - Mason Contractors Association, Inc. (Note Additional Fringes Below)*	07-17	5.45 HOURS WORKED	3.50 HOURS PAID	5.00 HOURS PAID	0.04 HOURS WORKED	0.15 HOURS WORKED
	P2	WALL AND CEILING LABORERS Architectural Contractors Trade Association	06-17	5.45 HOURS WORKED	3.50 HOURS PAID	5.00 HOURS PAID	0.04 HOURS WORKED	0.17 HOURS WORKED
	P3	WALL AND CEILING LABORERS Architectural Contractors Trade Association - WASHTENAW	06-17	5.30 HOURS WORKED	3.20 HOURS PAID	5.05 HOURS WORKED	N/A	0.17 HOURS WORKED

REMITTANCE	CONTRIBUTION RATES (SEE ABOVE)	MULTIPLIER		AMOUNT	ADJUSTMENTS	TOTAL
		HEALTH CARE	VACATION			
FRINGE BENEFIT RATES		ENTER TOTAL HOURS FROM REVERSE SIDE				
HEALTH CARE	\$ -	X		\$ -		\$ -
VACATION	\$ -	X		\$ -		\$ -
PENSION	\$ -	X		\$ -		\$ -
TRAINING	\$ -	X		\$ -		\$ -
INDUSTRY ADVANCEMENT	\$ -	X		\$ -		\$ -
Total						\$ -

EXPLAIN ADJUSTMENTS ON SEPARATE SHEET, ATTACH VARIANCE NOTICE, IF APPLICABLE

*Section C only, send one copy to MCA

Complete 4 copies of the Report. Retain 1 copy for your records.

Mail 3 copies to: **LABORERS' METROPOLITAN DETROIT FRINGE BENEFIT FUNDS**
 Department 771202, P.O. Box 77000
 Detroit, MI 48277-1202

