

# MICHIGAN LABORERS' FRINGE BENEFIT FUNDS

EMPLOYER I.D. NUMBER	TELEPHONE NUMBER
REPORT FOR THE WORK MONTH OF	SECTION (SEE REVERSE SIDE)
JOB SITE (COUNTY) OR UNION LOCAL NO.	TOTAL HOURS WORKED (ALL PAGES)

EXPLAIN ADJUSTMENTS ON REVERSE SIDE.  
 ATTACH VARIANCE NOTICE, IF APPLICABLE.  
 CONTRIBUTORS ARE DUE THE 15TH OF THE MONTH FOLLOWING THE  
 MONTH IN WHICH THE WORK WAS PERFORMED.

**NAME AND ADDRESS OF EMPLOYER**

FUND HOURS	x	RATE	=	CONTRIBUTIONS ±	ADJUSTMENT	=	TOTAL
	x		=	±		=	
	x		=	±		=	
	x		=	±		=	
	x		=	±		=	
	x		=	±		=	
	x		=	±		=	
	x		=	±		=	
	x		=	±		=	
	x		=	±		=	
	x		=	±		=	
<b>TOTALS</b>				±		=	

FINAL REPORT DISCONTINUE PREBILL       NO COVERED EMPLOYEES THIS MONTH

**MAKE ONE CHECK PAYABLE TO: MICHIGAN LABORERS' FRINGE BENEFIT FUNDS**  
**SEE REVERSE SIDE:**  
 FOR ADDITIONAL INSTRUCTIONS OR IF NO LABORERS WERE EMPLOYED OR FOR FINAL REPORT AND FOR SIGNATURE FOR FILING THIS REPORT.

EMPLOYEE'S NAME		SOCIAL SECURITY NUMBER	HOURS		VACATION AMOUNT	GROSS WAGES
LAST	INITIALS		WORKED	PAID		
					\$	\$
<b>TOTALS - ENTER APPROPRIATE AMOUNTS ABOVE</b>					\$	\$

# TYPE OF WORK OR AREA OF CONSTRUCTION

Section

- B** GENERAL CONSTRUCTION WORK – Monroe Local 499 (formerly 465)

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- B<sub>1</sub>** GENERAL CONSTRUCTION WORK – Construction Association of Michigan (CAM) – Monroe Local 499 (formerly 465)

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- F** GENERAL CONSTRUCTION – Except work performed within the jurisdiction of Locals 499 (Monroe and Washtenaw Counties only), 1076, 1191 and 1329

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- F<sub>2</sub>** GENERAL CONSTRUCTION – Work performed within the jurisdiction of Local 1329

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- F<sub>3</sub>** GENERAL CONSTRUCTION – Work performed within the jurisdiction of Local 499 (formerly 959) (Washtenaw and the SE portion of Livingston County)

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- F<sub>4</sub>** GENERAL CONSTRUCTION – Washtenaw Contractors Association – Work performed within the jurisdiction of Local 499 (formerly 959) (Washtenaw and the SE portion of Livingston County)

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- G** OPEN CUT CONSTRUCTION AND TUNNEL, SHAFT AND CAISSON CONSTRUCTION – Entire State of Michigan except Macomb, Oakland and Wayne Counties

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- H** ROAD CONSTRUCTION – ENTIRE STATE OF MICHIGAN

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- J** MICHIGAN DISTRIBUTION CONTRACTORS

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- L** GRADERS AND LANDSCAPERS – ENTIRE STATE OF MICHIGAN

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- W** HAZARDOUS WASTE ABATEMENT – Entire State of Michigan except Macomb, Wayne and Oakland Counties

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- K<sub>1</sub>** ASBESTOS AND LEAD ABATEMENT – Entire State of Michigan

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- K<sub>2</sub>** ASBESTOS AND LEAD ABATEMENT TRAINEES

## INSTRUCTIONS

Complete three copies of the Report.  
Mail one copy to Local of work jurisdiction.  
Mail one copy and check to:  
**MICHIGAN LABORERS' FRINGE BENEFIT FUNDS**  
Department 77948  
P.O. Box 77000  
Detroit, MI 48277-0948

All Sections:  
Retain one copy for your records.

For information concerning Fringe Benefit Contributions contact:

**DATA ENTRY DEPARTMENT**  
FRINGE BENEFIT FUNDS  
6525 Centurion Drive  
Lansing, MI 48917-9275  
Telephone: 517-321-7502

Administered by:  
**TIC INTERNATIONAL**

1. If you are performing work under more than one Contract as noted on the Monthly Remittance Report, a separate report must be filed for each agreement.
  2. If payment is not made during the month when due, liquidated damages will be assessed in accordance with policies established by the Boards of Trustees of the Funds.
- No Laborers employed this month
  - Final Report
  - Company is bankrupt or out of business
  - Will no longer employ Laborers
  - Out of State
  - No current Collective Bargaining Agreement
  - Other (Please explain):
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

By filing this form, the Employer agrees to remit fringe benefit contributions as required by the current collective bargaining agreement and current Trust Agreements, which are adopted by reference. The employer agrees that the detailed basis upon which the contributions are made is set forth both in the current collective bargaining agreement and on this report. The Employer further acknowledges that it is required to file an Employer Contribution Reporting Form for each work month during which it is signatory to a collective bargaining agreement, regardless of whether it employs persons during that month performing work covered by the collective bargaining agreement. The Employer acknowledges that, in order to promote compliance by all Employers in making the required contributions and in filing the monthly report forms, the Trustees will request the Trust Fund Administrator to prepare at the conclusion of each work month a list of all Employers who are delinquent in remitting the required contributions and/or who have not filed an Employer Contribution Reporting Form. This list will include Employers who have not disputed the results of payroll audits showing that the Employer is delinquent in remitting contributions and/or assessment amounts, and Employers against whom the Funds have obtained a judgment. This list will be provided to Fund Trustees; to the Michigan Chapter Associated General Contractors, LRD in order to encourage compliance with the fringe benefit provisions of the collective bargaining agreement. The Employer agrees to indemnify and hold harmless the Fringe Benefit Funds, the Union and the Employer Association for all damage to the Employer resulting from the publication of this list.

X

SIGNATURE/TITLE