

**Blasters, Drillrunners & Miners Union Local #29**  
**43-12 Ditmars Boulevard, Astoria, NY 11105**  
 Phone # 718-278-5800 Fax# 718-278-8111

WELFARE FUND - PENSION FUND - ANNUITY FUND – SDCO

Employer's Monthly Statement of Contributions

1. CONTRIBUTIONS BASED ON TOTAL (.....) HOURS WORKED:

- a. WELFARE FUND.....  
     Adjustment.....  
     Total Welfare.....
- b. PENSION FUND.....  
     Adjustment.....  
     Total Pension.....
- c. MEMBERS ASSISTANCE PROGRAM.....
- d. NY LECET.....
- e. NY HEALTH & SAFETY.....
- f. HCIF.....
- g. LIUNA NYC TRAINING FUND.....

**Make One Check For All Funds to:**  
 Local #29 Contribution Account

**For HCIF - Make Check Payable to:**  
 Heavy Construction Industry Fund

2. CONTRIBUTIONS BASED ON TOTAL (.....) HOURS PAID:

- a. ANNUITY FUND.....  
     Adjustment.....  
     Total Annuity.....
- b. SUPPLEMENTARY DUES CHECK OFF.....
- c. NY POLITICAL ACTION COMMITTEE.....

3. Employer's Name and Address

4. Number of Employees listed on all sheets.....  
 5. The Employer hereby ratifies and approves the terms of the Standard Collective Bargaining Agreement of the Blasters, Drillrunners & Miners Union Local #29. The Employer also certifies that the information contained in this report and attached schedule is true and correct, that the hours reported represent all hours worked by the Employees under the jurisdiction of Local #29 in the employ of the named employer for the period specified.  
 Signatures: .....  
 Title:.....Date:.....

**Schedule A – Employer's Report of Hours**

6. Report for *Month Ending*..... 7. Last Payroll Date Previous Period .....

**10. TOTAL HOURS WORKED**

**11. TOTAL HOURS PAID**

8. Social Security #	9. Name of Employee	10. TOTAL HOURS WORKED			11. TOTAL HOURS PAID		
		Reg Hours	DBL	1 ½ Total Worked	DBL	1 ½	Total Paid
<b>TOTALS</b>							

12. Has a change of Ownership, or other Transfer of the Business taken place since the last report?.....If yes, attach details. Note – These statements, along with your checks for the total amount due must be received at the Fund Office no more than 30 days after the end of each month.

**General Instructions**

- A. Submit one Report Form with one check made out to the Local #29 Contribution Account for the amount due and one check made out to the Heavy Construction Industry Fund for the amount due to the Fund Office no later than thirty days after the close of the month in which the hours were worked.
- B. The hours reported must include ALL HOURS worked by the employee and ALL HOURS paid to the employee during the period covered by the month reporting.
- C. The Employer's copy of this form must be preserved by the employer at his principal place of business and should at all times be available for inspection by duly authorized representative of the Funds.
- D. Permission must be obtained from the Trustee to report on any other basis.

**Instructions for Preparing this Report**

All contributions are based on the total hours worked except for the Annuity Fund, SDCO, and NYPAC, which are based on total hours paid. Hours are calculated as follows:

**EXAMPLE:**

Regular Hours Worked.....	40		
OT- Double Time Worked.....	2	Premium Part of Double Time Hours.....	2
OT- 1 ½ Hours Worked.....	<u>8</u>	Premium Part of 1 ½ Hours.....	<u>4</u>
Total Hours Worked.....	50	+ Premium Hours Paid.....	6
		= TOTAL HOURS PAID.....	56

All reports must be clear and legible. Any adjustments made necessary by reason of error on any previous reports shall be explained and included with reports unless paid separately.

**Rates of Contribution to Funds & Effective Dates**

	Effective <u>7/1/14</u>	Effective <u>9/1/14</u>	Effective <u>7/1/15</u>
WELFARE FUND.....	\$12.62	\$12.62	\$13.12
PENSION FUND.....	\$11.28	\$11.28	\$11.78
SDCO.....	\$ 3.15	\$ 3.15	\$ 3.15
ANNUITY FUND.....	\$ 5.00	\$ 5.00	\$ 5.50
LIUNA NYC TRAINING FUND.....	\$ 1.85	\$ 1.85	\$ 1.85
HCIF.....	\$ .35	\$ .35	\$ .30
MAP.....	\$ .04	\$ .04	\$ .04
NY LECET.....	\$ .10	\$ .10	\$ .10
NY HEALTH & SAFETY.....	\$ .05	\$ .05	\$ .05
NY PAC.....	\$ .05	\$ .10	\$ .10