

IRON WORKERS OF WESTERN PENNSYLVANIA BENEFIT PLANS

2201 LIBERTY AVENUE, ROOM 203, PITTSBURGH, PENNSYLVANIA 15222 Telephone: (412) 227-6740 or Toll-free: 1-800-927-3199 • FAX (412) 261-3816

DEPOSIT FUND LOCAL NO. 3

Name of Firm									Signed Telephone No.						
Address									current ap and Welfar and/or reat	plicab re, An ffirms	e Iron Worke nuity and Per that Employer	Employer acknowled er Collective Barga ision Trust Agreem is bound by all of	ining Agreeme ents, and agree		
City State Zip Code									relating to fringe benefit contributions.						
Pay Rate Job Location				Hours WORKED (Equals Column A)					Rate	=	IMPACT	Contribution			
100%							,	x	\$0.21	=					
95%								х	\$0.20	=					
90%								х	\$0.19	=					
						т	OTAL IMPACT	CON	TRIBUT	ION	\$				
Covering the payroll periods ending,			Colu	Column 2 Column 3			,Column 4	Column 4 ,, 20							
NAME OF EMPLOYEE and SOCIAL SECURITY NUMBER	one-half (O.T.X1.5) ar			ime (O.T.X2) - Time and and Straight Time (S.T.)			Column A Total		Column B Total			Column D Working Assess.	Column		
Soc. Sec. Nos. must be furnished.		но 1.	urs Paid E 2.	By Pay Pe	4 .	5.	Hours WORKED	Hours PAID		Deduction (1.28 x Col. B)		Deduction (5.25% x Col. E)	GROSS		
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PLOYER CONTRIBUTIONS: re Plan (\$11.05 x Column B)	¢				ls this	page ≻				\$		\$	\$		
on Plan (\$9.77 x Column B)				Totals from											
				— continued list ►						\$		\$	\$		
Sharing Plan (\$7.15 x Column B)	\$											e	s		
ry Advancement Fund (.16 x Column B)							Column A	Col	umn B	\$ C	olumn C	\$ Column D	ه Column		
ntice Training Fund (.76 x Column B)	\$			-	n Box 🐧										
CT Contribution	\$				ove)							nployees rep			
PLOYEE PAYROLL DEDUCTION	S:			/ Marinet	Equals		performing in	ron v	vork wi	thin	the Local	l Union's juris	diction.		
gs Fund (\$1.28 / hr. paid)	1.28 / hr. paid)			(Must Equal)			For Plan Off	For Plan Office Use							
ng Assessment (5.25% of Gross Wages)															
ments - explain on reverse side	\$														
Amount of Check							Check Amt.								
check payable to: Iron Workers of Western P															
rd payment with this form to above address.			u				Date Rec'd								
TO DAVITE THE WITH THIS TOTAL TO ADOVE ADDRESS															

Forward payment with this form to above address.

FORM No. 20



LOCAL NO. 3 RATES EFFECTIVE JANUARY 1, 2017 - MAY 31, 2017

Wage Rates:	
Journeyman Iron Worker	\$33.18
Journeyman Rodman	\$33.18
Foreman	- Journeyman Iron Worker rate plus \$1.25
*Advanced Foreman	- Journeyman Iron Worker rate plus \$2.00
General Foreman	- Journeyman Iron Worker rate plus \$2.50
*Advanced General Foreman	- Journeyman Iron Worker rate plus \$4.00

* To be eligible for the increase, individuals must have completed the following training: Foreman Training, OSHA 30 Hour Training, Certified Rigger Training, Scaffold User Training and Man/Forklift Training. Call Apprenticeship Coordinator for verification of training @ 412-471-4535

EMPLOYER CONTRIBUTIONS:

Welfare Plan

\$11.05 Per Hour Paid (\$11.05 x Grand Total of Column B)

Pension Plan \$9.77 Per Hour Paid (\$9.77 x Grand Total of Column B)

Profit Sharing Plan \$7.15 Per Hour Paid (\$7.15 x Grand Total of Column B)

Industry Advancement Fund \$.16 Per Hour Paid.......(\$.16 x Grand Total of Column B)

Apprentice Training Fund \$.76 Per Hour Paid.......(\$.76 x Grand Total of Column B)

IMPACT Contribution For a 100% pay rate job: \$.21 times the number of hours worked on each job. For a 95% pay rate job: \$.20 times the number of hours worked on each job. For a 90% pay rate job: \$.19 times the number of hours worked on each job.

EMPLOYEE PAYROLL DEDUCTION:

Savings Fund \$1.28 Per Hour Paid......(Grand Total of Column C)

Working Assessment 5.25% of Gross Pay.......(Grand Total of Column D)

LIQUIDATED DAMAGES AND INTEREST:

Remittance reports and payments are due by the fifteenth day of the month following the month to be reported. In accordance with the Collective Bargaining Agreement, this report and payment for contributions must actually be received by the Plan Office by the fifteenth (15th) day of the month following the month for which the report and payment have been made, or by each Friday, following the pay period ending date, when weekly contributions are required.

The following charges shall apply to any employer who fails to make proper remittance to this Fund Office:

- 1. Employer shall be obligated to the Fund for interest on all delinquent contributions and other monies payable to the Fund at the rate prescribed by the Internal Revenue Code (26 U.S.C. #6621) until paid;
- 2. Employer shall also be obligated to the Fund for liquidated damages, not as a penalty, but as a predetermined and agreed upon amount as follows: Twenty percent (20%) of the amount of the contributions covered by each delinquent payment and/or report, but in no event shall such damages be less than twenty-five dollars (\$25.00);
- 3. In the event that legal action to collect delinquent payments is required, attorneys' fees in the amount of twenty percent (20%) of the total amount due to the Fund, or \$750.00, whichever is greater, plus all other costs and expenses related to the collection of such delinquency shall be assessed the delinquent employer.

TOTAL HOURS PAID (Column B)

The total Straight Time Hours plus two times the number of Overtime Hours or 1.5 times the number of Overtime Hours.

Examples:

40

Hours Worked = Hours Paid

- 8 Overtime Hours (double)
- 40 Straight Time Hours 40+(2x8)=56
- 8 Overtime Hours (time & one-half)
 - Straight Time Hours 40+(1.5x8)=52

WEEKLY COLUMNS:

Indicate Overtime — Double Time (O.T. x2) and Time & one-half (O.T. x1.5) separate from Straight Time (S.T.) Hours.