



**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

**FOR THE COUNTIES OF CRAWFORD,  
ERIE, FOREST AND WARREN ONLY.**

**DEPOSIT FUND  
LOCAL NO. 3**

Name of Firm \_\_\_\_\_

Signed \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

Intending to be legally bound, Employer acknowledges receipt of the current applicable Iron Worker Collective Bargaining Agreement and Welfare, Annuity and Pension Trust Agreements, and agrees and/or reaffirms that Employer is bound by all of the terms thereof relating to fringe benefit contributions.

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Job Location	Hours WORKED (Equals Column A)	x	Rate	=	IMPACT Contribution
		x	\$0.18	=	
		x	\$0.18	=	
		x	\$0.18	=	
<b>TOTAL IMPACT CONTRIBUTION</b>					<b>\$</b>

Covering the payroll periods ending \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_\_

NAME OF EMPLOYEE and SOCIAL SECURITY NUMBER	Overtime - Double Time (O.T.X2) - Time and one-half (O.T.X1.5) and Straight Time (S.T.) Hours Paid By Pay Period					Column A Total Hours WORKED	Column B Total Hours PAID	Column C Savings Fund Deduction (1.28 x Col. B)	Column D Working Assess. Deduction (5.25% x Col. E)	Column E GROSS PAY
	1.	2.	3.	4.	5.					
Soc. Sec. Nos. must be furnished.										
	OTx2									
	OTx1.5									
	ST									
	OTx2									
	OTx1.5									
	ST									
	OTx2									
	OTx1.5									
	ST									
	OTx2									
	OTx1.5									
	ST									
	OTx2									
	OTx1.5									
	ST									
	OTx2									
	OTx1.5									
	ST									
	OTx2									
	OTx1.5									
	ST									

<b>EMPLOYER CONTRIBUTIONS:</b>		<b>Totals this page &gt;</b>			
Welfare Plan (\$11.55 x Column B) .....	\$ _____		\$	\$	\$
Pension Plan (\$9.77 x Column B) .....	\$ _____	<b>Totals from continued list &gt;</b>	\$	\$	\$
Profit Sharing Plan (\$5.81 x Column B) .....	\$ _____		\$	\$	\$
Industry Advancement Fund (.16 x Column B) .....	\$ _____	<b>Grand totals &gt;</b>	\$	\$	\$
Apprentice Training Fund (.90 x Column B) .....	\$ _____				
IMPACT Contribution .....	\$ _____ (From Box Above)				
			<b>Column A</b>	<b>Column B</b>	<b>Column C</b>

EMPLOYEE PAYROLL DEDUCTIONS:		
Savings Fund (\$1.28 / hr. paid) .....	\$ _____	(Must Equal Column C)
Working Assessment (5.25% of Gross Wages) .....	\$ _____	(Must Equal Column D)
Adjustments - explain on reverse side .....	\$ _____	
Total Amount of Check .....	\$ _____	

**Make check payable to: Iron Workers of Western Pennsylvania Deposit Fund.**

Forward payment with this form to above address.

NOTE: Please indicate by (X) the Employees reported but not performing iron work within the Local Union's jurisdiction.

For Plan Office Use

\_\_\_\_\_

Check Amt. \_\_\_\_\_

Date Rec'd \_\_\_\_\_

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## LOCAL NO. 3 RATES EFFECTIVE JUNE 1, 2017 - MAY 31, 2018

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### Wage Rates:

Journeyman Iron Worker	\$28.91
Journeyman Rodman	\$28.91
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:

### TOTAL HOURS PAID (Column B)

Welfare Plan  
\$11.55 Per Hour Paid (\$11.55 x Grand Total of Column B)

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

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

### Examples:

Hours Worked = Hours Paid

Profit Sharing Plan  
\$5.81 Per Hour Paid (\$5.81 x Grand Total of Column B)

8	Overtime Hours (double)	
40	Straight Time Hours	40+(2x8)=56

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

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

Apprentice Training Fund  
\$.90 Per Hour Paid.....(\$.90 x Grand Total of Column B)

IMPACT Contribution  
\$.18 times the number of hours worked on each job.

### EMPLOYEE PAYROLL DEDUCTION:

### WEEKLY COLUMNS:

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

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

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 pre-determined 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.

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Please forward payment and report form on a timely basis so that interest and liquidated damage charges will not be applicable.