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, FORESTAND WARREN ONLY.

DEPOSIT FUND

									LOC	AL	. NO. 3		
Name of Firm												NLY - Period leted for each Appro	
Address								Signed Te Intending to be legally bound, Employer acknowle					lephone No.
E-Mail Address									current a	applicat	ole Iron Work	er Collective Bargansion Trust Agreem	aining Agreement
E-Mail Address									and/or re	affirms	that Employer benefit contrib	is bound by all of	the terms thereof
Job Location			Hours WORKED (Equals Column A)					х	Rate	=	IMPACT	Contribution	
								Х	\$0.22	2 =			
								Х	\$0.22	_			
								X	\$0.22	2 =			
						Т	OTAL IMPACT (CON	TRIBU	TION	\$		
Covering the payroll periods ending		<u> </u>			,		_,	,			, 20		
	Colum			mn 2 ne (O.T.X2		olumn 3	Column 4	0-1		ımn 5	Column C	Oakses D	Onlyma F
NAME OF EMPLOYEE and SOCIAL SECURITY NUMBER		e-half (O.	T.X1.5) ar	nd Straight By Pay Per	Time (S.		Column A Total Hours	Total Savings Fund Working Hours Deduction Dedu		Column D Working Assess Deduction	Column E . GROSS		
Soc. Sec. Nos. must be furnished.		1.	2.	3.	4.	5.	WORKED		PAID			(5.25% x Col. E)	
	OTx2												
	OTx1.5												
	ST												
	OTx2												
	OTx1.5												
	OTx2												
	OTx1.5												
	ST												
	OTx2												
	OTx1.5												
	ST												
	OTx2 OTx1.5												
	ST ST												
	OTx2												
	OTx1.5												
	ST												
	OTx2												
	OTx1.5												
	ST OTx2												
	OTx1.5												
	ST												
EMPLOYER CONTRIBUTIONS:				Total	o thio n	000							
Welfare Plan (\$16.14 x Column B)	\$			Totals this page ➤						\$		\$	\$
Pension Plan (\$10.12 x Column B)	. \$			- COI	Totals f	rom I list ➤				\$		\$	\$
Profit Sharing Plan (See Reverse Side for Rates)	\$				Titili GCC					+		<u> </u>	<u> </u>
Industry Advancement Fund (.24 x Column B)	\$			G	rand to	tals >				\$		\$	\$
Apprentice Training Fund (\$1.00 x Column B)							Column A	Co	umn B	(Column C	Column D	Column E
IMPACT Contribution				(From Box Above			NOTE: Please indicate by (X) the Employees reported but not						
EMPLOYEE PAYROLL DEDUCTION				- · MD0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		performing in						
Savings Fund (\$1.28 / hr. paid)				(Must Equal)			For Plan Office Use						
Working Assessment (5.25% of Gross Wages)													
Adjustments - explain on reverse side					, U i								
Total Amount of Check				-			Check Amt.						
Make check payable to: Iron Workers of Western P		nia Den	osit Fur	- nd			Oneck Amt.						
Forward navment with this form to above address	- iii. Syiva	500	Jone i di				Date Rec'd						

Forward payment with this form to above address.

LOCAL NO. 3 APPRENTICE RATES EFFECTIVE JUNE 1, 2025 - MAY 31, 2026

	Period 1	Period 2	Period 3	Period 4	Period !	
Hours:	0-699	700-1,399	1,400-2,799	2,800-4,199	4,200+	
Wages:	\$24.77	\$25.57	\$26.37	\$28.96	\$32.36	
Profit Sharing:	\$1.10	\$1.80	\$2.60	\$3.75	\$6.30	

To confirm apprentice pay rates, please contact the Apprenticeship at 412-471-4535.

EMPLOYER CONTRIBUTIONS:

Welfare Plan

\$16.14 Per Hour Paid (\$16.14 x Grand Total of Column B)

Pension Plan

\$10.12 Per Hour Paid (\$10.12 x Grand Total of Column B)

Profit Sharing Plan

SEE ABOVE CHART FOR RATES

Industry Advancement Fund

\$.24 Per Hour Paid......(\$.24 x Grand Total of Column B)

Apprentice Training Fund

\$1.00 Per Hour Paid.....(\$1.00 x Grand Total of Column B)

IMPACT Contribution

\$.22 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)

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:

Hours Worked = Hours Paid

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

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 \$750.00;
- 3. In the event that legal action to collect delinquent payments is required, attorneys' fees in the amount of: (i) twenty percent (20%) of the total amount due to the Fund; (ii) the amount shown by affidavit submitted by the Fund Counsel; or (iii) \$750, whichever is greater, plus all other costs and expenses related to the collection of such delinquency shall be assessed against the delinquent employer.