PHONE: (502) 839-8166

KENTUCKY LABORERS DISTRICT COUNCIL HEALTH AND WELFARE FUND
1996 BYPASS SOUTH
LAWRENCEBURG, KY 40342

FAX: (502) 859-0976

IMPORTANT!! If there is no work to report for Work Month, please complete below:
Mo./Yr.: _____ No Work ["X"]: ____

MONTHLY CONTRACTOR REMITTANCE FORM

THIS REPORT IS FOR (Please put Work Month & Year Here): _____Month _____Year

DUE DATE IS 10TH OF MONTH FOLLOWING WORK MONTH

CONTRACTOR INFORMATION	JOB INFORMATION (Please Complete)	PLEASE REFER TO AGREEMENT FOR CURRENT RATES	AUDIT ONLY:
FEDERAL TAX ID:	PROJECT [Give Name or Description]		
CONTRACTOR'S NAME:			
CONTRACTOR'S ADDRESS:	COUNTY & STATE [Job Location]		
Contractor's Phone #:	TYPE OF AGREEMENT: [Check One]		
Contractor's Fax #:	___Industrial Bldg Construction (1214 & 1392)		
Contractor's Email:	___Residential & Light Commercial (189)		
	___Regular Bldg Agreement (189)		
	___Local Collectiive Bargain. Agr. (1445)		
THIS REPORT PREPARED BY:	___Bldg Construction Agreement (576)		
Name:	___Statewide Heavy & Highway		
Date:	___TVA		
Phone #:	___National Agreement (Specify)		
Fax #:	_____		
Email:	___Other (Specify)		
[____] FINAL REPORT (√ if applicable)	_____		
[____] NEED FORMS (√ if applicable)			
WORK PERFORMED IN JURISDICTION OF LABORERS LOCAL UNION NUMBER: [Circle One] [1] 189 [2] 576 [3] 1214 [4] 1392 [5] 1445			

	Rate	x	Hours	=	TOTAL
KY H&W	$_____	x	_____	=	$_____
KY Training	$_____	x	_____	=	$_____
KY LECET	$_____	x	_____	=	$_____
TriFunds/Regl LECET	$_____	x	_____	=	$_____
DEROC	$0.25	x	_____	=	$_____
KLDC Work Preservation Mkt Recovery	$0.20	x	_____	=	$_____
189 Drug & Safety	$0.05	x	_____	=	$_____
1445 Drug & Safety	$0.12	x	_____	=	$_____
1445 BTD & CAP	$0.09	x	_____	=	$_____
576 Const Drug Test Fund	$0.05	x	_____	=	$_____
Work Dues (4% of gross wages)				=	$_____
[3% to Local = $_____ AND 1% to KLDC = $_____]					
LPL (w/ Member Authorization)	$0.05	x	_____	=	$_____
OTHER	$_____	x	_____	=	$_____
[State Type for above: _____]					
Make Check Payable To KENTUCKY LABORERS HEALTH & WELFARE FUND For Amount Of:					$_____
1214 / 1392 PACAF Ind	$_____	x	_____		
Make Check Payable To PACAF For Amount Of:					$_____
Laborers Nat'l Pension	$_____	x	_____		
Make Check Payable To LABORERS NATL PENSION FUND For Amt Of:					$_____

MAIL GREEN COPY & PENSION CHECK TO:
Laborers Na'tl Pension Fund
P. O. Box 803415, Dallas, TX 75380-3415

MAIL PHOTOCOPY OF REPORT & PACAF CHECK TO:
1214/1392 PACAF
2201 McCracken Blvd., Paducah, KY 42001

MAIL WHITE COPY & KY LABORERS HEALTH & WELFARE FUND CHECK FOR ALL OTHER CONTRIBUTIONS/DUES TO:
KY Laborers Health & Welfare Fund - Contrib/Dues Processing Dept.
1996 Bypass South, Lawrenceburg, KY 40342

EMPLOYEE NAME	EMPLOYEE SSN	H & W HOURS	PENSION HOURS		GROSS WAGES		WORK DUES	LOCAL DUES GO TO:
TOTALS:								

COPIES OF FORM GO TO: WHITE -- WELFARE FUND GREEN -- PENSION FUND YELLOW -- EMPLOYER

IF MORE PAGES ARE NEEDED, EMPLOYER MAY ATTACH HIS OWN REPORT (WITH EMPLOYEE INFO SHOWN ABOVE) OR MAY REQUEST "ADDITIONAL PAGES" FORM FROM HEALTH & WELFARE FUND.