Construction Industry Fund PO Box 7405 Carol Stream, IL 60197-7405 Phone (815) 399-0800 Fax (847) 519-1979

Please check all information below. If any changes please make corrections.

| 1) Report ALL HOURS worked each m | onth per member and any | Please all Month Ho or Contr 616 | ow 5-7 busing ours Work act # 587 CE | ess days for delivery o ed Emp. CDPayo MENT RESIDENTIA | ment Due Date AL | |
|--|--------------------------------------|---|---|--|---------------------|--|
| 1) Report ALL HOURS worked each month per member and any fractions. (Do not round off hours to whole numbers). ALL HOURS reported are for hours worked from the 1st day of each month through the last day of each month 2) Add ALL HOURS under column: "TOTAL HOURS". 3) Take "TOTAL HOURS" times each rate code and type in amount under column: "TOTAL DUE". 4) Then add all figures under this column "TOTAL \$ DUE" and record this amount in box "GRAND TOTAL". | | 5) If NO WORK performed for month: please check NO WORK box and return a copy to CONSTRUCTION INDUSTRY FUNDS. If no longer working in area, please check FINAL REPORT box. 6) Make check payable to CONSTRUCTION INDUSTRY PO Box 7405 Carol Stream, IL 60197-7405 Signature NO WOR | | | | |
| SSN | NAME | | | LOCAL# | TOTAL HOURS | |
| | | | | | | |
| | | | | TOTAL | | |
| PLEASE LINE OUT any member no lon hired during this period. | ger employed and ADD any new members | REMI | TTANCE COP | Y (RETURN WITH CHE | | |
| RATE CODE WELFARE CONST IND WEI | | OURLY RATE \$12.55 | TOTALE | HOURS REPORTED | TOTAL \$ DUE | |
| ADVANCE ADVANCEMENT I APPRENT APPRENTICESHI | | \$0.17 | | | | |
| | | \$0.80 | | | | |
| | | Grand Total | | | | |

MONTHLY REPORT OF PAYMENTS TO

Fox Valley & Vicinity Construction Workers Fund 75 Remittance Drive Suite 3163 Chicago IL 60675-3163 888-770-9297

| FOR OFFICIAL USE ONLY | |
|-----------------------|--|

ACCOUNT NO

The undersigned employer, if not already a signator, hereby becomes a signatory party to the currently applicable collective bargaining agreement with the District Council or Local of the Union covering the type and area of work the listed employees and also to each agreement and Declaration of Trust, and amendments, establishing the funds for which payment is made herewith.

| J | FINAL | Report | |
|---|-------|--------|--|
| | | | |

Send More Forms

Change in Name

Please

Check

Here

No Work This Month

Change of Address

| PLEASE USE SEPARATE FORMS FOR DIFFERENT RATES | | CODE 587RES Residential | | | WORK MONTH | | |
|---|--------------------|----------------------------|-----|-----------|------------|----------|----------|
| JOB LOCATION | | | | | | | |
| SSN | Employee Name | Local | No. | Job Class | REG HOURS | OT HOURS | DT HOURS |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| PLEASE SUPPLY 6 | BUSINESS PHONE NO: | | 1 | TOTALS | | | |

NOTE: THE NAMES ON THIS REPORT WERE LISTED BY THE FUND OFFICE AS THEY APPEARED ON YOUR PREVIOUS MONTHLY REPORT, PLEASE INDICATE ANY CORRECTIONS

BE SURE TO ADD THE NAME, CORRECT SOCIAL SECURITY NUMBER, ADDRESS AND BIRTHDATE OF ALL EMPLOYEES WHO WERE HIRED DURING THIS PERIOD.

| PENS/FX | \$10.00 | x = \$ |
|----------|---------|---------|
| DUES | \$1.58 | x = \$ |
| TRAINING | \$0.09 | x = \$ |
| INT DUES | \$0.53 | x_ = \$ |
| BUILDTR | \$0.30 | x = \$ |
| | | - |

TOTAL AMOUNT DUE \$

REPORTS ARE DUE BY THE 15TH OF EACH MONTH. LATE REPORTS ARE SUBJECT TO LIQUIDATED DAMAGES

SIGNED

MAKE ONE CHECK PAYABLE TO: FOX VALLEY & VICINITY CONSTR WORKERS BENEFIT FUNDS