

CODE

FED. ID NO. \_\_\_\_\_

PHONE: \_\_\_\_\_

REPORT FOR HOURS WORKED IN \_\_\_\_\_  
 PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_

CONTRACTOR : \_\_\_\_\_

Please check here

<b>Inactive</b>	
<input type="checkbox"/>	No Laborers This Month
<input type="checkbox"/>	No Laborers Until Further Notice
<b>Final Report</b>	
<input type="checkbox"/>	Sold (out of) business
<input type="checkbox"/>	Change of address
<input type="checkbox"/>	Change in name
<input type="checkbox"/>	Send more forms

(MUST BE SHOWN) SSN	LOCAL NO.	NAME OF EMPLOYEE	TOTAL HOURS
FUND	RATE	TOTAL HOURS	AMOUNT
WELFARE & PENSION	19.20		
TRAINING	0.45		
TOTAL (ALL FUNDS)			

**EMPLOYER'S WARRANTY AND ACCEPTANCE:** The undersigned employer hereby warrants that this report accurately states all hours worked by all laborers in its employ. In addition, the employer hereby agrees to be bound to the terms of the current collective bargaining agreement executed between the Construction and General Laborers' District Council of Chicago and Vicinity and the relevant Multi Employer Associations. Further, the undersigned hereby expressly accepts and agrees to be bound by the Trust agreements governing Laborers' Pension and Welfare, et al., and accepts all of the terms thereof with the intention of providing benefits to its laborers.

Please complete and return this report with payment to:  
**Laborers' Pension & Welfare Funds**  
 33367 Treasury Center  
 Chicago, IL 60694-3300

Fund Adm. James J. Ferguson  
 Union Richard J. ...  
John P. ...

Employer \_\_\_\_\_  
 By \_\_\_\_\_  
Signed by an authorized officer, partner of agent only

**REMITTANCE FORM**