

**CONSTRUCTION WORKERS PENSION TRUST FUND  
LAKE COUNTY AND VICINITY**  
2111 WEST LINCOLN HIGHWAY · MERRILLVILLE, INDIANA 46410  
TELEPHONE (219) 769-6944

June 07, 2016

Dear Contributing Employer:

Please find enclosed the following items:

- A contribution form for the **Construction Workers Pension Trust Fund – Lake County and Vicinity** and the **Construction Workers of Lake County HRA Trust Fund** which is to be mailed with the remittance to:

**2111 West Lincoln Highway  
Merrillville, IN 46410**

- A letter from Indiana Laborers District Council regarding current Building Agreement re-allocations and Building rates across the state of Indiana.
- Employer Contribution Delinquency Procedure dated January 22, 2015. This policy will also apply to your contributions, which are payable to the **Construction Workers of Lake County HRA Trust Fund**.
- A letter outlining the Guidelines for contributing and reporting under the recently adopted Reciprocity Agreement with the **Chicago Laborers' Pension Fund**.

The Trustees of the Construction Workers Pension Trust Fund - Lake County and Vicinity have a fiduciary duty under Federal law to collect contributions owed by contributing employers to the Pension Fund. In order to fulfill this duty, the Trustees have recently reviewed and updated their policy.

Please take note that if contributions are not paid within the time required by the procedure, interest and liquidated damages will be assessed. The practice of the Trustees is to refrain from waiving any interest and liquidated damages regardless of the reason for delinquency.

Should you have any questions, please contact Stewart C. Miller & Co., Inc. Telephone No. (219) 769-6944.

Sincerely,

**BOARD OF TRUSTEES**

Construction Workers Pension Trust Fund - Lake County and Vicinity

**UNION TRUSTEES**

Michael Campbell, Secretary  
Ronald Dillingham  
Kevin Roach  
Scott Sparks

**MANAGEMENT TRUSTEES**

David Deprizio, Chairman  
Alex Gariup  
William Rathjen

**Enclosures**



**INDIANA LABORERS FRINGE BENEFIT FUNDS**

P.O. BOX 1587 TERRE HAUTE, INDIANA 47808-1587

(812) 238-2551 Toll Free 1-800-962-3158

www.indianalaborers.org

**Local #41 & Local #81 Industrial Building Agreement – Fringe Benefit Reporting Instructions**

The following information will help you to properly complete the Employer’s Monthly Remittance Form.

1. A monthly report must be sent to the above listed office by the 10<sup>th</sup> of the month following the month for which you are reporting. **If you did not work, please submit report noted “Inactive”.**
2. Please list your Federal Identification Number on each report to ensure that your employees receive proper credit for their hours.
3. The adjustment column may be used to apply debits or credits from previous reports.
4. Computer print-outs with employee details are acceptable but must provide monthly totals for each employee listing hours, gross wages and working dues deductions. Each copy of the remittance form must have a copy of a computer print-out attached.
5. Reports should be submitted by county of job site and the corresponding Local Union for that county – not the employee’s home local. See reverse for Local Union and corresponding county information.
6. Reports are to be distributed as follows:
  - a. **The first three copies (fringe benefit fund office, working dues and industry fund) are to be mailed to the address listed at bottom right of form along with checks payable to the appropriate funds.**
  - b. The fourth (Local Union) copy is to be mailed to the Local Union (addresses on reverse side of this letter).
  - c. The fifth (other fund) copy is for miscellaneous funds and should be used as needed.
  - d. The sixth (Employer) copy is for your records.

**7. Employer obligations per Industrial Building Agreement: Rates per hour Effective**

**Local Union #41 and  
Local Union #81** **6/1/2016  
to  
5/31/2017**

a. One check payable to the <b>Indiana Laborers Combined Funds</b> for total owed	Welfare Fund Training Fund	\$5.75 .55
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b. One check payable to: <b>Construction Workers Pension Fund*</b>	Pension Fund	11.15
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c. One check payable to: <b>CAF</b>	Industry Fund	.12
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d. One check payable to: <b>BCRC**</b>	Drug Program	.08
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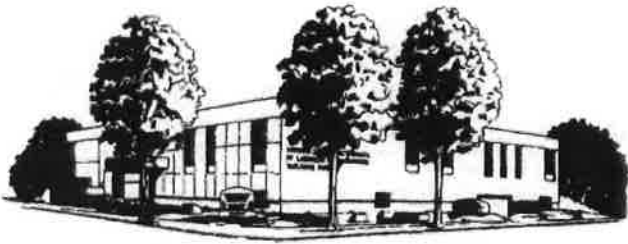
e. One check payable to: <b>Central Laborers Fringe Benefit Account***</b>	Annuity	2.50
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f. One check payable to: <b>HRA****</b>	Health Reimbursement Acct	.30
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**8. Authorized Employee deduction per Working Agreement:**

a. One check payable to: **Laborers Working Dues Fund** **5% of gross wages**

- \* Remit Pension contributions to: Construction Workers Pension Trust Fund, 2111 W Lincoln Hwy, Merrillville, IN 46410
  - \*\* Remit BCRC contributions to: BCRC, 2111 W Lincoln Hwy, Merrillville, IN 46410
  - \*\*\* Remit Annuity contributions to: Central Laborers’ Annuity Fund, PO Box 1267, Jacksonville IL 62651
  - \*\*\*\* Remit HRA contributions to: HRA, 2111 W Lincoln Hwy, Merrillville IN 46410
- Any questions regarding the HRA Account should be directed to phone # (219-769-6944)



**INDIANA LABORERS FRINGE BENEFIT FUNDS**

P.O. BOX 1587 TERRE HAUTE, INDIANA 47808-1587  
 (812) 238-2551 Toll Free 1-800-962-3158

www.indianalaborers.org

**Local #41 & Local #81 Commercial Building Agreement – Fringe Benefit Reporting Instructions**

The following information will help you to properly complete the Employer’s Monthly Remittance Form.

1. A monthly report must be sent to the above listed office by the 10<sup>th</sup> of the month following the month for which you are reporting. **If you did not work, please submit report noted “Inactive”.**
2. Please list your Federal Identification Number on each report to ensure that your employees receive proper credit for their hours.
3. The adjustment column may be used to apply debits or credits from previous reports.
4. Computer print-outs with employee details are acceptable but must provide monthly totals for each employee listing hours, gross wages and working dues deductions. Each copy of the remittance form must have a copy of a computer print-out attached.
5. Reports should be submitted by county of job site and the corresponding Local Union for that county – not the employee’s home local. See reverse for Local Union and corresponding county information.
6. Reports are to be distributed as follows:
  - a. **The first three copies (fringe benefit fund office, working dues and industry fund) are to be mailed to the address listed at bottom right of form along with checks payable to the appropriate funds.**
  - b. The fourth (Local Union) copy is to be mailed to the Local Union (addresses on reverse side of this letter).
  - c. The fifth (other fund) copy is for miscellaneous funds and should be used as needed.
  - d. The sixth (Employer) copy is for your records.

**7. Employer obligations per Commercial Building Agreement: Rates per hour Effective**

<b>Local Union #41 and</b>	<b>6/1/2016</b>
<b>Local Union #81</b>	<b>to</b>
	<b>5/31/2017</b>

a. One check payable to the <b>Indiana Laborers Combined Funds</b> for total owed	Welfare Fund Training Fund	\$5.75 .55
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b. One check payable to: <b>Construction Workers Pension Fund*</b>	Pension Fund	10.85
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c. One check payable to: <b>CAF</b>	Industry Fund	.12
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d. One check payable to: <b>BCRC**</b>	Drug Program	.08
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e. One check payable to: <b>Central Laborers Fringe Benefit Account***</b>	Annuity	1.55
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f. One check payable to: <b>HRA****</b>	Health Reimbursement Acct	.30
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8. Authorized Employee deduction per Working Agreement:

a. One check payable to: <b>Laborers Working Dues Fund</b>	<b>5% of gross wages</b>
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\* Remit Pension contributions to: Construction Workers Pension Trust Fund, 2111 W Lincoln Hwy, Merrillville, IN 46410  
 \*\* Remit BCRC contributions to: BCRC, 2111 W Lincoln Hwy, Merrillville, IN 46410  
 \*\*\*Remit Annuity contributions to: Central Laborers’ Annuity Fund, PO Box 1267, Jacksonville IL 62651  
 \*\*\*\* Remit HRA contributions to: HRA, 2111 W Lincoln Hwy, Merrillville IN 46410  
 Any questions regarding the HRA Account should be directed to phone # (219-769-6944)