

Revised 11/10  
 (Please typewrite or print)

Tel. (203) 281-5511  
 Fax (203) 407-0147

**CONNECTICUT CARPENTERS  
 BENEFIT FUNDS  
 CARPENTERS LOCAL 43  
 RESIDENTIAL  
 WEEKLY CONTRIBUTION FORM  
 AS OF 11/01/2010**

Fringe Benefit Deductions

|                           |                |
|---------------------------|----------------|
| <b>Fringe Benefits</b>    |                |
| Pension                   | \$7.95         |
| Health                    | 5.97           |
| Annuity                   | 0.46           |
| App. Train                | 0.20           |
| CLMP                      | 0.20           |
| <b>Sub-Total</b>          | <b>\$14.78</b> |
| <b>Deductions</b>         |                |
| 2.50% Work Assess.        | 0.96           |
| Vacation                  | 0.05           |
| <b>Sub-Total</b>          | <b>1.01</b>    |
| <b>Total Due Per Hour</b> | <b>\$15.79</b> |

Date Worked From \_\_\_\_\_ To \_\_\_\_\_

No Work Performed   
 Job Completed

| Social Security Number | Name of Employee | Hours | Job Site Location |
|------------------------|------------------|-------|-------------------|
| 1                      |                  |       |                   |
| 2                      |                  |       |                   |
| 3                      |                  |       |                   |
| 4                      |                  |       |                   |
| 5                      |                  |       |                   |
| 6                      |                  |       |                   |
| 7                      |                  |       |                   |
| 8                      |                  |       |                   |
| 9                      |                  |       |                   |
| 10                     |                  |       |                   |
| 11                     |                  |       |                   |
| 12                     |                  |       |                   |

Make **CERTIFIED CHECK** payable to  
**CONNECTICUT CARPENTERS BENEFIT FUNDS**

Total hours \_\_\_\_\_

Check # \_\_\_\_\_

**X \$15.79** \_\_\_\_\_

**SUBMITTED BY**

**IMPORTANT**

We warrant the above statement to be true and correct

Please list Social Security Number on all reports at all times. This is to assure us of properly crediting hours as we have more than one employee with the same name.

The undersigned Employer hereby agrees to be bound by the Trust Agreements, as amended, establishing the Fringe Benefit Trust Funds for which contributions are reported on the form, agrees to make the required contributions to the Trust Funds as provided in the current Carpenters Collective Bargaining Agreements covering the job locations where hours are worked, and warrants the above report to be true and correct.

Employer's Federal I.D. No. \_\_\_\_\_

\_\_\_\_\_  
 Name of Employer

Send Copy with check to:

\_\_\_\_\_  
 Street and Address

Carpenters Funds  
 10 Broadway  
 Hamden, CT 06518

\_\_\_\_\_  
 City, State and Zip code

Signed By \_\_\_\_\_