Revised 5/10
(Please typewrite or print)

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

CONNECTICUT CARPENTERS BENEFIT FUNDS
CARPENTERS LOCAL 24
HEAVY AND HIGHWAY
WEEKLY CONTRIBUTION FORM
AS OF 05/02/2010 thru 10/31/2010

Fringe Benefit Deductions

Fringe Benefits	
Pension	$7.70
Health	5.52
Annuity	5.00
App. Train	0.25
UBC	0.10
CLMP	0.35
AGC/CCIA*	0.10
Sub-Total	**$19.02**
Deductions	
2.50% Work Assess.	1.20
Vacation	0.05
Sub-Total	**1.25**
Total Due Per Hour	**$20.27**

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 _____
X $ 20.27 _____

Check # _____

***Employers who decline to allocate the $0.10 per hour to the Association Construction Program (AGC/CCIA) are required to pay the $0.10 as an add**

SUBMITTED BY

We warrant the above statement to be true and correct

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.

_____
Name of Employer

_____
Street and Address

_____
City, State and Zip code

Signed By _____

IMPORTANT

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.

Employer's Federal I.D. No. _____

Send Copy with check to:

Carpenters Funds
10 Broadway
Hamden, CT 06518

*Make Sure Job Location Column Is Completed Properly