

Revised 05/19  
 (Please typewrite or print)

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

**CONNECTICUT CARPENTERS  
 BENEFIT FUNDS  
 CARPENTERS LOCAL 326  
 BUILDING  
 WEEKLY  
 CONTRIBUTION FORM  
 AS OF 05/06/2019**

Fringe Benefit Deductions

Fringe Benefits	
Pension	\$8.80
Health	9.84
Annuity	6.20
NECTF	0.65
CITF	0.15
CIP/CLMP	0.72
AGC/CCIA*	0.10
<b>Sub-Total</b>	<b>\$26.46</b>
Deductions	
2.50% Dues	1.50
UBC Dues	0.05
Vacation	0.50
<b>Sub-Total</b>	<b>2.05</b>
<b>Total Due Per Hour</b>	<b>\$28.51</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 \_\_\_\_\_ Total hours \_\_\_\_\_  
 CONNECTICUT CARPENTERS BENEFIT FUNDS \_\_\_\_\_ Check # \_\_\_\_\_  
 X \$28.51 \_\_\_\_\_

**\*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 additional payment to the New England Carpenters Training Fund (NECTF).**

SUBMITTED BY \_\_\_\_\_ IMPORTANT

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.

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. \_\_\_\_\_

\_\_\_\_\_  
 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 \_\_\_\_\_