

for  
**LISTED FUNDS OF LABORERS LOCAL 100 & 397**  
Fund Office (314) 367-6555

Firm Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

**CONTRIBUTIONS REMITTED AFTER THE 15th OF THE MONTH ARE DELINQUENT. PAYMENTS RECEIVED AFTER THE 20th OF THE MONTH WILL BE SUBJECT TO A PENALTY CHARGE OF \$5.00 PER EMPLOYEE, PER MONTH.**

	Circle Proper Local #	HOURS WORKED IN PERIOD		
		ST	TH	DT
1. Name _____ S.S. # _____	100 397			
2. Name _____ S.S. # _____	100 397			
3. Name _____ S.S. # _____	100 397			
4. Name _____ S.S. # _____	100 397			
5. Name _____ S.S. # _____	100 397			
6. Name _____ S.S. # _____	100 397			
7. Name _____ S.S. # _____	100 397			
8. Name _____ S.S. # _____	100 397			
9. Name _____ S.S. # _____	100 397			
10. Name _____ S.S. # _____	100 397			
11. Name _____ S.S. # _____	100 397			
12. Name _____ S.S. # _____	100 397			
13. Name _____ S.S. # _____	100 397			
14. Name _____ S.S. # _____	100 397			
15. Name _____ S.S. # _____	100 397			
16. Name _____ S.S. # _____	100 397			

SUMMARY (Code 50)		
No. Hours	Rate	Contribution
S.T. HOURS _____	x \$15.00	= \$ _____
T.H. HOURS _____	x \$22.10	= \$ _____
D.T. HOURS _____	x \$29.20	= \$ _____
SUBTOTAL		\$ _____
PENALTY ASSESSMENT		\$ _____
ADJUSTMENT		\$ _____
(Explain with attached memo)		
<b>TOTAL CONTRIBUTION</b>		<b>\$ _____</b>

**RATES LISTED BELOW ARE TO BE PAID FOR HOURS WORKED ON OR AFTER AUGUST 1, 2009.**

	EXPLANATION		
	S.T.	T.H.	D.T.
Welfare	\$5.35	\$8.025	\$10.70
Pension	\$6.85	\$10.275	\$13.70
Annuity	\$2.00	\$3.00	\$4.00
Training Fund	\$0.80	\$0.80	\$0.80
	\$15.00	\$22.10	\$29.20

PLEASE SEND MORE FORMS

**MAKE CHECK PAYABLE TO: Employers & Laborers  
Locals 100 & 397 Funds**

Retain pink copy for your files. Return two copies with your remittance to:

**M & I  
Attn: TAFT-HARTLEY SERVICES  
P. O. BOX 410442  
KANSAS CITY, MO 64141-0442**

The undersigned employer, if not already a signator, hereby becomes a signatory party to the currently applicable collective bargaining agreement with Laborers Locals 100 & 397 covering the type and area of work of the above employees and also to each agreement and Declaration of Trust, and amendments, establishing the funds for which payment is made herewith.

Print Name \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

Legend:  
(1) ST = STRAIGHT TIME HOURS  
(2) TH = TIME & ONE-HALF HOURS  
(3) DT = DOUBLE TIME HOURS

TOTAL HOURS		
(1) ST	(2) TH	(3) DT