

Schedule C Building/Heavy/Highway Agreement Effective 08/01/24 - 07/31/25

LABORERS LOCAL 0459 BELLEVILLE

Total Laborers Rate 65.77

Group	Job Title	Rate	STRAIGHT TIME	1 & 1/2	DOUBLE TIME	Rate			
Group 1	laborer		34.14	66.11		98.07			
	Foreman A working(3-9 emp) +1.00		35.14	67.61		100.07			
	Foreman B nonworking(10-20 emp) +2.00		36.14	69.11		102.07			
	Foreman C general(2+ nonworking emp) +3.50		37.64	71.36		105.07			
Group 2	welding, burning or cutting with torch + .50		34.64	66.86		99.07			
	Foreman A working(3-9 emp) +1.00		35.64	68.36		101.07			
	Foreman B nonworking(10-20 emp) +2.00		36.64	69.86		103.07			
	Foreman C general(2+ nonworking emp) +3.50		38.14	72.11		106.07			
Group 3	mason and plasterer tenders + .50		34.64	66.86		99.07			
	Foreman A working(3-7 emp) +1.00		35.64	68.36		101.07			
	Foreman B nonworking (8-10 emp) +2.00		36.64	69.86		103.07			
	Foreman C general(2+ gangs) +3.50		38.14	72.11		106.07			
Group 4	hazardous materials, lead abatement, asbestos abatement, mold & mildew remediation licenses + .50		34.64	66.86		99.07			
	Foreman A working(3-9 emp) +1.00		35.64	68.36		101.07			
	Foreman B nonworking(10-20 emp) +2.00		36.64	69.86		103.07			
	Foreman C general(2+ nonworking emp) +3.50		38.14	72.11		106.07			
Group 5	dynamite men and powder men + 1.50		35.64	68.36		101.07			
	Foreman A working(3-9 emp) +1.00		36.64	69.86		103.07			
	Foreman B nonworking(10-20 emp) +2.00		37.64	71.36		105.07			
	Foreman C general(2+ nonworking emp) +3.50		39.14	73.61		108.07			
FRINGES	H&W	PENSION	ANNUITY	TRAINING	LECET	SICAP	DEDUCTIONS	LPL	DC Check-off
		8.33	9.46	12.00	0.80	0.89	0.15		0.05
TOTAL FRINGES USED FOR OVERTIME CALCULATION									
TOTAL FRINGES									29.79
									S.T. 1&1/2
									Watchman 18.00
									NONWORKING PLUS FRINGES 27.00

H&W, ANNUITY AND TRAINING TO SOUTHERN ILLINOIS LABORERS & EMPLOYERS BENEFITS FUNDS
 PENSION, LECET, SICAP, LPL, DC Check-off TO CENTRAL LABORERS PENSION, WELFARE & ANNUITY FUNDS

Work Assessments: 3% of gross
 Work Assessments are to be paid to the Local in the area where work is performed

MONTHLY REPORT OF PAYMENTS TO

**Central Laborers'
Pension, Welfare and Annuity Funds**

SEE
**INSTRUCTIONS
ON THE REVERSE
SIDE FOR
COMPLETION OF
THIS FORM**

PO BOX 1267
JACKSONVILLE, ILLINOIS 62651
PHONE 217-243-8521 / FAX 217-245-1293
<http://www.central-laborers.com>
Email: contributions@central-laborers.com



EMPLOYER NO.	CONTRACT NO.	REFERENCE NO.	LOCAL UNION NO.	FOR MONTH-YEAR	DUE DATE

Business Phone Number _____
 Location of Work (project) _____ (city) _____
 Type of Agreement H&H BLDG Other _____
 Check if this is your final report for this Local
 Check if no laborers worked in this period
 Check if you are no longer operating in CLPF area

EMPLOYEE SSN	NAME OF EMPLOYEE	TOTAL HOURS FOR MONTH	OVERTIME PREMIUM HRS	GROSS PAY	WORK DUES WITHHELD
PAGE TOTAL:					
GRAND TOTAL PAGES:					

FUND	HOURS	RATE	AMOUNT
TOTAL:			

NOTE MAKE ONE PAYMENT FOR ALL FUNDS COLLECTED BY THE CENTRAL LABORERS' OFFICE		
FOR CENTRAL LABORERS OFFICE USE ONLY. DO NOT COMPLETE THIS AREA		
RECEIVED	CHECK NO.	AMOUNT \$
SHORTAGE	OVERPAYMENT	\$

By completing and submitting this report, the employer named hereon certifies (a) that the employer is a signatory to a current written Collective Bargaining Agreement (CBA) with the Local Union or District Council covering the geographic area and type of work performed by the employees listed hereon that requires contributions to the funds specified above for which payment is made herewith, or that if the employer is not a signatory to such current written CBA, the employer hereby becomes signatory to such agreement by virtue of submitting this report form and making payments hereunder and further agrees to be bound by and observe the terms and provisions of such written CBA; (b) that the contributions reported hereon are required by and are paid in accordance with such current written CBA; (c) that all of the employees listed hereon are employees covered by such current written CBA and this report includes all hours worked by such employees for the month specified above; (d) that the employer agrees to be bound by each of the fund's applicable trust agreements, including amendments thereto, establishing the funds for which payment is made herewith; (e) that the employer has accepted the applicable schedule to the Pension Fund's rehabilitation plan that is consistent with the contribution rates being remitted herein and which is incorporated by the CBA to which the employer is a signatory; and (f) that the information reported hereon is true and correct.

By: _____ Title: _____ Date: _____
 Signature

INSTRUCTIONS FOR COMPLETION OF REPORT FORM

DEMOGRAPHICS:

- 1) If this is your initial Report Form for a particular Local, please enter the Local Union number where the work was performed, and the month and year of the report. The Fund Office will assign/enter the employer number, contract number and reference number. The due date is the 15th of the month following the month in which the work was performed (report month).
- 2) Please enter your business phone number, the geographic location of the work (city, county, project name), and the type of agreement (BLDG, H&H, etc.). If no laborers and/or other reportable employees were employed during the report period, please check the box 'No Laborers Working This Month'. If you are finished working in this particular Local, please, please check the box marked 'Final Report', and the Fund Office will stop sending you reports for this local. It is your responsibility to notify the Fund Office for each local in which you are working. CLPF jurisdiction includes all counties in Illinois except Boone, Cook, DuPage, Grundy, Kane, Kendall, Lake, McHenry and Will, and excludes the jurisdictions of Laborers' Locals 231, 100 and 397 which have their own plans, but includes Scott, IA.
- 3) If this is your initial report, please enter the social security numbers and names of the employees for whom you are reporting contributions. For new employees, please provide the name, mailing address and date of birth. Subsequent report forms will be preprinted with the names of the employees you previously reported. It is your responsibility to indicate any corrections and/or additions thereto.
- 4) With regard to COBRA compliance: In the event that any of the employees listed were laid off during the reporting period, please enter the layoff date to the right of the employee's name.

<u>EMPLOYEE SSN</u>	EXAMPLE	<u>NAME OF EMPLOYEE</u>
111-11-1111		John Doe (Layoff Date 8/20/04)

CALCULATION OF HOURS:

- 5) Please enter the total hours subject to the payment of contributions, including straight and overtime hours, in the column headed "Total Hours for Month". If this Report Form includes Welfare Premium and / or Annuity Premium contribution rates (see Rate Box) and your employees have worked overtime hours, you should enter the premium portion of the overtime hours in the column headed "Overtime Premium Hours". For each overtime hour to be reported at time and one half, the overtime premium portion is one half hour. For each overtime hour to be reported at double time, the overtime premium portion is one hour. Please refer to the following example for purposes of calculating the "Total Hours for Month" and "Overtime Premium Hours".

<u>TOTAL HOURS FOR MONTH</u>	EXAMPLE	<u>OVERTIME PREMIUM HOURS</u>
8 @ Straight Time	=	0 Overtime Premium Hours
1 @ Time and One Half	=	½ Overtime Premium Hours
<u>1</u> @ Double Time	=	<u>1</u> Overtime Premium Hours
10		1 ½

Using this example, the Report Form would be completed as follows:

<u>TOTAL HOURS FOR MONTH</u>	<u>OVERTIME PREMIUM HOURS</u>
10	1 1/2

If the applicable Collective Bargaining Agreement / Union Contract does not require premium rates for overtime hours, or if the employees did not work any overtime hours, do not enter any information in the column headed "Overtime Premium Hours".

Please refer to your Collective Bargaining Agreement, Union Contract, or contact the Fund Office if you have any questions regarding the reporting of overtime hours / contributions.

- 6) Please enter the "Gross Pay" and "Work Dues Withheld" for the reporting period in the appropriate column.

CALCULATION / PAYMENT OF CONTRIBUTIONS:

- 7) Please calculate the column totals and transfer the same to the appropriate section of the Rate Column, which is located in the lower left corner of the Report Form.
- 8) Please sign and date the Report Form in the designated area.

SPECIAL NOTES:

- 1) All contributions are due by the 15th of the month following in which the work was performed. All late reports will be subject to the assessment of Liquidated Damages.
- 2) The Fund Office may not accept contributions from and on behalf of anyone who is a "contributing employer". Accordingly, an individual cannot report contributions on behalf of himself / herself if said individual is an owner of a sole proprietorship and / or a partner in a partnership. An officer and / or stockholder (having direct or indirect controlling interest) of a corporation may be eligible to participate as a non-bargained employee. Such participation on behalf of a non-bargained employee must be pursuant to a separate participation agreement with the Funds and you may contact the Fund Office to obtain the applicable information.
- 3) As per the Fund Office Refund Policy, certain overpaid contributions are refundable to the employer. Notify the Fund Office in writing as to any / all overpaid contributions. Be sure to enclose documentation supporting your position. You will be notified as to whether your request has been approved / denied and the manner by which payment will be made. Do not use overpaid contributions as a credit to your future Report Forms without prior Fund Office authorization to do so.
- 4) Thank you for your cooperation!

Southern Illinois Laborers' & Employers Benefit Funds

5100 Laborers' Way, Suite A • Marion, IL 62959 • (618) 998-1300



FEDERAL EMPLOYER IDENTIFICATION NO.	COMPANY NO.	CONTRACT NO.	LOCAL UNION NO.	FOR WORK PERIOD DAY / MONTH / YEAR	DUE DATE

PLEASE SUPPLY BUSINESS PHONE NO. (_____) _____

CITY/COUNTY OF WORK _____

TYPE OF CONTRACT _____

CHECK IF FINAL REPORT

CHECK IF NO LABORERS WORKING THIS MONTH

SEND ADDITIONAL REPORT FORMS

NOTE: THE NAMES ON THIS REPORT WERE LISTED BY THE FUND OFFICE AS THEY APPEARED ON YOUR PREVIOUS MONTHLY REPORT . . . PLEASE INDICATE ANY CORRECTIONS AND/OR ADDITIONS THERETO.

	SOCIAL SECURITY NO.	NAME OF EMPLOYEE	TOTAL HOURS WORKED IN PERIOD	WORKING DUES (List Amount Withheld)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				

We only collect for the funds listed below. Any questions, contact Fund Office.

CONTRIBUTION	RATE	HOURS	AMOUNT	
Welfare				<ul style="list-style-type: none"> Please submit a separate report for each local union. Please complete form in entirety (no substitute forms will be accepted), or form will be returned and contributions may be subject to late fee. Make one check payable to Southern IL Laborers' & Employers' Benefit Account Fund, 5100 Laborers' Way, Suite A, Marion, IL 62959
Total Due For All Funds				

Contributions to be paid at the rate of current rate per hour and to be received at the fund office on or before the 15th day of each month for hours worked during the previous month. Payments received after the last working day of the month in which due will be subject to the late payment fee of 12% with an additional 1% for each additional month the report is delinquent.

We hereby certify that this report includes all hours worked by laborers in our employment for the month shown above and further, that the Employer whose name and entity is set forth below, subscribes to and agrees to be bound by the Agreement and Declarations of Trust establishing the Southern Illinois Laborers' Health and Welfare Fund and the Southern Illinois Laborers' & Employers Annuity Fund, and all amendments, revisions, additions and deletions thereto and accepts all of them as fully as though the same were herein contained and further agrees to accept at a personal obligation for himself and on behalf of his firm to oversee the payment of the established rates of contributions to the aforesaid Funds.

Please be advised that contributions received that are in excess of sums due for that particular month are subject to being applied to any and all prior contributions not yet paid and liquidated damages for the current or prior months.

By _____ Title: _____ Date: _____
 Rev 12/11 Signature Unlimited Graphics, Inc. 1-800-264-0750

AUTHORIZATION FOR DEDUCTION FROM WAGES

The undersigned hereby authorizes any and all of the Employers for whom he performs under the terms and conditions of a Collective Bargaining Agreement between the Employer and affiliated Local Unions of the Downstate Illinois Laborers' District Council to make a deduction of ninety two cents (\$.92) per hour worked for District Council Check Off effective August 1, 2023, and remit same amount to the offices of the Downstate Illinois Laborers' District Council, 20 Bronze Pointe North, Swansea, IL, 62226.

This authorization shall be irrevocable for a period of one (1) year from date, or until the termination date of current Collective Bargaining Agreement, whichever is sooner and shall automatically re-new from year-to-year thereafter, unless written notice is given by the undersigned to his then current Employer and his Local Union at least thirty (30) days prior to any annual expiration date.

Name (Please Print) **Social Security #**

Street Address **City** **State** **Zip**

Telephone # **Local Union #** **Email address**

Signature **Date**

(PLEASE READ AND SIGN ON SIGNATURE LINE)

Copies: White-SWILDC Canary-Local Union Pink-Company Goldenrod-Employee



**MIDWEST REGION LABORERS' POLITICAL LEAGUE
PAYROLL CHECK-OFF AUTHORIZATION FORM**

Local Union _____

I hereby authorize and direct each Employer signatory to an agreement with Laborers' International Union of North America or any of its affiliates for whom I work to deduct from my paycheck five cents (\$.05) for each hour worked every pay period and to remit such amount to the Midwest Region Laborers' Political League (M.R.L.P.L.) at such times as other remittances are made to the Union.

This authorization is voluntarily made. I understand that the signing of this authorization and the making of payments to M.R.L.P.L. are not conditions of membership in the Union or of employment with any Employer, that I have a right to refuse to sign this authorization and to contribute to M.R.L.P.L. without reprisal and that M.R.L.P.L. will use the money it receives to make political expenditures and contributions in connection with federal, state, and local elections.

I also understand that this amount of money is merely a suggested guideline, that I am free to contribute more or less than this amount and that the Union cannot favor or disadvantage me because of the amount of my contribution or my decision not to contribute.

I further understand that, due to the substantial number of Employers signatory to LIUNA collective bargaining agreements and members' frequent changes of Employer, it is administratively infeasible for Employers to agree to and implement variable payroll deduction amounts for M.R.L.P.L. contributions, and that if I wish to contribute more or less than the suggested amount I may do so through alternative means with the Union's full assistance by contacting the Midwest Region of the Union at the address or phone number listed below (or any successor address or phone number).

I also understand that contributions to the M.R.L.P.L. are not deductible as charitable contributions for federal income tax purposes. This authorization shall remain in full force and effect until revoked by me in writing.

Print Name

Member Number/Last 4 of SS

Address

City, State, Zip

Signature

Date

Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation, and name of employer of individuals whose contributions exceed \$200 in a calendar year.

Downstate Illinois Laborers' District Council, 20 Bronze Pointe North, Swansea, IL 62226 • (618) 234-2704

Copies: White - Midwest Region L.P.L. · Canary - Local Union Pink · Company Goldenrod - Member



Laborers' International Union of North America Belleville, Il. Local 459

Working Dues Report

100 North 17th Street
Belleville, Il. 62226
(618) 233-4121
Fax: (618) 233-4737

Date: _____

Employer: _____ Month: _____ Year: _____

Name of Employee	Employees Social Security Number	Local #	Hrs. for Month	Gross Pay	3% Work Dues

<p>Make checks payable to: Laborers' Local 459 100 North 17th Street, Belleville, Il. 62226</p>	Total This Page			
	Total Attached Pages			
	Grand Total			

(Signature)

(Title)