MONTHLY REPORT OF PAYMENTS TO

SOUTHWESTERN ILLINOIS LABORERS' ANNUITY FUND

100 NORTH 17TH ST. • BELLEVILLE ILLINOIS 62226-7410

Phone: 618-233-4121 • Fax: 618-233-4737

Website: swilaf.org

DATE: _____

A/C No. _____ Report for Month of _____ Local Union Number _____ Location(s) _____

CHECK IS FINAL REPORT ☐
CHECK IF HEAVY & HWY. CONSTR. ☐
CHECK IF BUILDING CONSTRUCTION ☐
CHECK IF NO LABORERS WORKING THIS MO. ☐
CHECK IF MORE FORMS NEEDED ☐

THIS REPORT WITH REMITTANCE IS DUE BY THE 15TH DAY OF THE MONTH FOLLOWING THE MONTH COVERED BY THIS REPORT

• MAKE ONE CHECK PAYABLE TO "SOUTHWESTERN ILLINOIS LABORERS' ANNUITY FUND"

If no Laborers in month – write "None" and return

SOCIAL SECURITY NO.	NAME OF EMPLOYEE	LOCAL NO.	HOURS FOR MONTH			

CONTRIBUTION	RATE	HOURS	AMOUNT	

MAKE ONE CHECK FOR ONLY FUNDS COLLECTED BY THE SOUTHWESTERN LABORERS' ANNUITY FUND OFFICE.

PENSION, WELFARE, WORKING DUES, LECET, SICAP, ETC., NOT COLLECTED BY THE SOUTHWESTERN ILLINOIS LABORERS' ANNUITY FUND SHOULD BE SENT DIRECTLY TO THE APPROPRIATE FUNDS.

TOTALS THIS PAGE				
TOTALS ATTACHED PAGES				
GRAND TOTAL				

NO NOT USE THIS SPACE		
RECEIVED	CHECK NO.	AMOUNT $
SHORTAGE	OVER PAYMENT	$

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 byand confirms and adopts all of the provisions and terms of the Agreement and Declarations of Trust establishing the Southwestern Illinois Laborers' Annuity Fund dated August 1, 1987, and all amendments, revisions, additions and deletions thereto as to Trust Agreement, and accepts all of them as fully as though the same were herein contained and further agrees to accept as a personal obligation (for himself and on behalf of his firm to oversee the payment ofthe established rates of contributions to the aforesaid Fund; provided, however, that the aforesaid obligations shall be inoperative with respect to any Employer who has a written agreement with the local unions representing such Employer's laborer employees) which agreement specifically provides for the coverage of such employees by another annuity plan in lieu of the plan created by the above-mentioned agreement and Declaration of Trust establishing the Southwestern Illinois Laborer's Annuity Fund.

By: _____ Title: _____ Date: _____

Signature