MONTHLY PAYROLL REPORTING FORM
NATIONAL ELECTRICAL BENEFIT FUND
NATIONAL ELECTRICAL ANNUITY PLAN

This report and payment shall be mailed to reach the office of the appropriate Collection Agent not later than fifteen (15) calendar days following the end of each calendar month.
SEE INSTRUCTIONS

Company Name		Payroll Period Ending	
Address		Traveling	☐
City, State, Zip		Permanent	☐
Telephone		Local Union Where Work is Performed	212
Federal ID #		Total Number employed this period	-
Business Entity (Single Proprietorship, Corporation, Partnership)		Journeyman/Lineman Wage Rate Per Hour	$ 26.11

First Report in this Local Union Area ☐
Final Report in this Local Union Area ☐

Classifications to be used in Column 3

1 Jman/Wman/Tech/Fman; 4 Communication; 5 Maintenance; 6 Inside Apprentice
22 Residential Journeyman; 23 Residential Apprentice; 26 Other (Non bargaining Admin); 27 "Alumni"

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
Social Security # no dashes or spaces	Employee Name Last, First MI	Class	NEBF Total Clock Hours	NEBF Gross Earnings	NEAP Total Clock Hours	NEAP Gross Earnings
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
					-	-
	Total This Page		**0.00**	**0.00**	**0.00**	**0.00**
	Grand Total All Pages		**0.00**	**0.00**	**0.00**	**0.00**

NEBF		NEBF Gross Earnings x	3%		0.00
CECAF		Clock Hours x	0.11		0.00
☑ NECA Service Charge (NECA members only)		Gross Earnings x	0.2%		0.00
NEAP				Hours	
Apprentice 6.1-1st period	0-1000 hours	Clock Hours x	0.35		0.00
Apprentice 6.2-2nd period	1001-2000 hours	Clock Hours x	0.35		0.00
Apprentice 6.3-3rd period	2001-3500 hours	Clock Hours x	0.85		0.00
Apprentice 6.4-4th period	3501-5000 hour	Clock Hours x	0.90		0.00
Apprentice 6.5-5th period	5001-6500 hour	Clock Hours x	0.95		0.00
Apprentice 6.6-6th period	6501-8000 hours	Clock Hours x	1.05		0.00
Journeyman/Wireman		Clock Hours x	1.25		0.00
NEAP TOTAL				-	0.00
National LMCC		Clock Hours x	0.01		0.00
Local LMCC		Clock Hours x	0.04		0.00
Make check payable to CECAF					**0.00**

THE EMPLOYER REPORTING HEREIN RECOGNIZES THAT IT IS BOUND BY THE RESTATED EMPLOYEES BENEFIT AGREEMENT AND TRUST FOR THE NATIONAL ELECTRICAL BENEFIT FUND (NEBF) AND THE NATIONAL ELECTRICAL ANNUITY PLAN AGREEMENT AND TRUST (NEAP) AND AGREES TO MAKE THE REQUIRED CONTRIBUTIONS TO THE NEBF AND NEAP AS PROVIDED THEREIN. THE EMPLOYER ACKNOWLEDGES HAVING RECEIVED A COPY OF THE ABOVE AGREEMENTS. THE EMPLOYER CERTIFIES THAT THE INFORMAITON CONTAINED IN THIS REPORT IS A FULL AND ACCURATE STATEMENT OF HOURS WORKED AND WAGES EARNED OF ALL EMPLOYEES SUBJECT TO EMPLOYER CONTRIBUTIONS (PERSUANT TO ARTICLE 6 OF THE AGREEMENTS).THE EMPLOYER FURTHER CERTIFIES THAT IF CONTRIBUTIONS ARE MADE ON BEHALF OF NON-BARGAINING UNIT EMPLOYEES, IT IS MAKING SUCH CONTRIBUTIONS IN ACCORDANCE WITH ARTICLE 6 OF THE AGREEMENTS AND IT IS EITHER COVERING ALL SUCH NON-BARGAINING UNIT EMPLOYEES OR ALUMNI EMPLOYEES ONLY, EXCEPT THOSE WHO MAY BE EXCLUDED PURSUANT TO SECTION 6.3 OF THE NEBF AGREEMENT AND SECTION 6.2 OF THE NEAP AGREEMENT.THE EMPLOYER FURTHER CERTIFIES THAT IF IT IS REPORTING ON BEHALF OF A RELATED ORGANIZATION AS DEFINED IN ARTICLE 6 OF THE AGREEMENT, EITHER ALL EMPLOYEES OF THE ORGANIZATION OR ALUMNI EMPLOYEES ONLY ARE COVERED EXCEPT THISE WHO MAY BE EXCLUDED PURSUANT TO SECTION 6.3 OF THE NEBF AGREEMENT AND SECTION 6.2 OF THE NEAP AGREEMENT.

Mail check and 3 copies to:

Joint Industry Benefit Fund
7815 Cooper Rd. Suite B
Cincinnati, OH 45242

FIRM NAME	
SIGNATURE & TITLE	
DATE	