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	71
Federal ID #		Total Number employed this period	-
Business Entity		Bldg. Constr. Journeymans Hourly Rate	

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

Classifications to be used in Column 3

1 Building Construction	3 Sign	5 Maintenance	7 Outside Construction	26 OTHER
2 Motor Repair	4 Communications	6 Inside Apprentice	8 Outside Apprentice	27 ALUMNI

Social Security # no dashes or spaces	Employee Name Last, First MI	Class	Total Clock Hours	Gross Earnings
	Total this page		-	-
	Grand Total All Pages		-	-

NEBF	Gross Earnings x	3%	0.00
CECAF	Total Clock Hours x	0.11	0.00
☐ NECA SC Paid by NECA Members Only (Check box to calculate)	Gross Earnings x	0.2%	0.00
NEAP	Gross Earnings x	17%	0.00
National LMCC	Total Clock Hours x	0.01	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 THOSE 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	