CONTINUATION SHEETS HERE

VARIOUS ELECTRICAL INDUSTRY FUNDS AND NATIONAL ELECTRICAL BENEFIT FUND

"RESIDENTIAL AGREEMENT"

☐ Traveling Contractor
☐ Permanent Contractor

HEALTH & WELFARE Account No.

PLEASE TYPE ONLY

NAME
ADDRESS
CITY, STATE, ZIP
PHONE #

LOCAL UNION NO. WHERE WORK IS PERFORMED 150

EMPLOYER'S FEDERAL REGISTRATION NO. _____

TOTAL NUMBER EMPLOYED THIS PERIOD →

Bldg. Constr. Journeyman's Wage Rate Per Hour $	Residential Wage Rate Per Hour $

This Transmittal Covers ALL Payroll Weeks Ending In Calendar MONTH OF ..... YEAR .....

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

CLASSIFICATIONS TO BE USED IN COLUMN NO. 3

1. BUILDING CONSTRUCTION 2. MOTOR REPAIR 3. SIGN 4. COMMUNICATIONS 5. MAINTENANCE 6. INSIDE APPRENTICE
22. RESIDENTIAL 23. RESIDENTIAL TRAINEE 26. OTHER (Including non-bargaining admin.) 27. ALUMNI

COLUMN 1	COLUMN 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8	COL. 9	COL. 10
SOCIAL SECURITY NUMBER	NAME OF EMPLOYEE LAST NAME, FIRST NAME & MIDDLE INITIAL (ALPHABETICALLY)	CLASS	TOTAL CLOCK HOURS	GROSS EARNINGS	H. & W.	VAC.	LOCAL PENSION	LOCAL ANNUITY	WORKING ASSESSMENT
TOTAL NUMBER PAGES THIS REPORT _____	TOTAL THIS PAGE								
	GRAND TOTAL, ALL PAGES								

***MAKE CHECKS PAYABLE TO NATIONAL ELECTRIC BENEFIT FUND FOR 3% OF THE GROSS EARNINGS (COL. 5) _____ $ _____**

***MAKE CHECK PAYABLE TO NORTHEASTERN NECA FOR _____ OF THE GROSS EARNINGS (COL. 5) $ _____**

***MAIL CHECKS WITH ORIGINAL AND FOURTH COPIES TO:**
NORTHEASTERN ILLINOIS EBB #141
31W007 NORTH AVENUE, SUITE 100
WEST CHICAGO, IL 60185
(630) 876-5363

ADD TOTALS:
MAKE ONE CHECK PAYABLE AND MAIL TO:
IBEW LOCAL UNION 150
P.O. BOX 574
BEDFORD PARK, IL 60499

- TOTAL WORKING ASSESSMENT _____
- TOTAL H & W CONTRIBUTION _____
- TOTAL APPRENTICESHIP CONTRIBUTION _____
- TOTAL VACATION CONTRIBUTION _____
- TOTAL PENSION CONTRIBUTION _____
- TOTAL ANNUITY CONTRIBUTION _____
- TOTAL L.M.C.C. _____
- TOTAL ADMINISTRATIVE MAINTENANCE FUND _____

Check here

First report in this Local Union area _____
Final report in this Local Union area _____
When more forms are needed _____

The employer reporting herein recognizes that it is bound by the Restated Employees Benefit Agreement and Trust for the National Electrical Benefit Fund and agrees to make the required contributions to the Fund as provided therein. The employer acknowledges having received a copy of the above Agreement. The employer certifies that the information contained in this report is a full and accurate statement of hours worked and wages earned of all employees subject to employer contributions (pursuant to Article 6 of the Agreement). 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 Agreement 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 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.

FIRM NAME _____

SIGNATURE AND TITLE _____

DATE _____

CHECK TYPE OF BUSINESS ENTITY

SINGLE PROPRIETORSHIP _____ CORPORATION _____ PARTNERSHIP _____

***FOR DISTRIBUTION OF OTHER COPIES – CONTACT BUSINESS MANAGER**

Form MPR-66 (Rev. 1/99)

ORIGINAL FOR NATIONAL ELECTRICAL BENEFIT FUND