

# "VDV" DOING "FIRE ALARM" AT "A" RATE

HEALTH & WELFARE Account No.

Page No. 1

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

## COMMUNICATIONS

| 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<br>LAST NAME, FIRST NAME & MIDDLE INITIAL<br>(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 CHECK 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  
31 W007 NORTH AVENUE, SUITE 100  
WEST CHICAGO, IL 60185  
(630) 876-5363

ADD TOTALS:  
MAKE ONE CHECK PAYABLE AND MAIL TO:  
LOCAL UNION 150  
31290 N HWY 48, UNIT B  
LIBERTYVILLE, IL 60048

|                                       |       |
|---------------------------------------|-------|
| 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 for 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 & TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CHECK TYPE OF BUSINESS ENTITY

SINGLE PROPRIETORSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_

**\*FOR DISTRIBUTION OF OTHER COPIES — CONTACT BUSINESS MANAGER**





**NORTHEASTERN ILLINOIS CHAPTER  
NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION, INC.**

31W007 North Avenue • Suite 100 • West Chicago, Illinois 60185  
Phone: (630) 876-5360 Fax: (630) 876-5364

**LABOR INFORMATION**

**LAKE COUNTY, I.B.E.W. LOCAL UNION 150  
WAGE PACKAGE BREAKDOWN  
INSIDE AGREEMENT**

| <b>JOURNEYMAN WIREMAN</b>                   | <b>Effective<br/>6/1/09 - 12/31/09</b> |
|---|--|
| Hourly Wage Rate                            | \$38.35                                |
| Health & Welfare (29% of Gross Wages)       | 11.13                                  |
| Pension (11% of Gross Wages)                | 4.22                                   |
| Annuity (17% of Gross Wages)                | 6.52                                   |
| Vacation (4% of Gross Wages)                | 1.53                                   |
| Apprenticeship (1.42% of Gross Wages)       | .54                                    |
| N.E.B.F. (3% of Gross Wages)                | 1.15                                   |
| LMCC's (.21¢ Cents Per Each Hour Worked)    | .21                                    |
| <b>Subtotal</b>                             | <b>\$63.65</b>                         |
| Administrative Maintenance Fund (.40 of 1%) | .15                                    |
| * N.E.C.A. Service Charge (.60 of 1%)       | .23                                    |
| <b>TOTAL PACKAGE</b>                        | <b>\$64.03</b>                         |

\* N.E.C.A. Service Charge applies to N.E.C.A. members only.

**SUPERVISORY:** Foreman.....10% Per Hour Above Journeyman Rate  
General Foreman.....15% Per Hour Above Journeyman Rate  
Area General Foreman.....20% Per Hour Above Journeyman Rate

**DEDUCTIONS:** Working Assessment: 3% of Gross Wages  
Excludes Apprentices

**Revised: NOTE-** The total package will increase by an additional \$1.33, effective January 1, 2010, to be allocated by the Union.

Rev: 6/1/09

| <b>Routing</b> | <b>Initials</b> |
|----------------|-----------------|
|                |                 |
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|                |                 |