

# EMPLOYER ADJUSTMENT FORM

**International Union Of Operating Engineers, Local No. 4  
Health & Welfare, Pension, and Annuity Funds**

16 Trotter Drive  
P.O. Box 680  
Medway, Ma 02053-0680  
Phone: (508) 533-1400  
(888) 486-3524  
FAX: (508) 533-1425  
[www.local4funds.org](http://www.local4funds.org)

Please use these forms if you need to make corrections to a previously submitted remittance report. Please attach this form with a corrected report as applicable (see following pages). If you have any questions, please contact our Employer Reporting Help Desk 1-508-533-1400 x302

**PLEASE CHECK ALL THAT APPLY:**

**Employer Account Number \_\_\_\_\_**

- Incorrect rates were used
- Incorrect Hours reported
- Incorrect Wages reported
- Incorrect Dues/SAC reported
- Incorrect 401K reported
- Additional hours, wages, dues, sac, or 401K that need to be reported
- Incorrect month reported for, should have been reported for \_\_\_\_\_
- Incorrect Account # used, reported under \_\_\_\_\_, should have been for Account # \_\_\_\_\_
- Incorrect member/social security number reported
- Other:
- This is the final report Month/Year \_\_\_\_\_
- Member belongs to another Operating Engineers Local # \_\_\_\_\_
- Please check this box for address change, and list your account # and new address:

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Employer: \_\_\_\_\_

Account # : \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Report Month/Year: \_\_\_\_\_

Final Report: YES: \_\_\_\_\_ NO: \_\_\_\_\_

Total Hours: \_\_\_\_\_ OT Hours \_\_\_\_\_

Gross Wages: \_\_\_\_\_ #Employees \_\_\_\_\_

Job Name: \_\_\_\_\_

FUND	RATE	AMOUNT DUE
1 H&W		_____
2 Pension		_____
3 Apprent/Trn		_____
4 Annuity Total		_____
5 Annuity OT		_____
6 Subtotal (#1 - #5)		_____
7 Coop Trust		_____
8 Interest Due		_____
9 Subtotal #6, #7, #8		_____
*Employee Deductions*		
10 Dues		_____
11 S.A.C.		_____
12 401k Plan		_____
13 Total Adjustments		_____
TOTAL DUE #9 - #13		_____

Total Due: \_\_\_\_\_

Your Check Amount: \_\_\_\_\_

Check Number: \_\_\_\_\_

Prepared By: \_\_\_\_\_

Reports and payments are due by the 19<sup>th</sup> of each month, covering payroll period ending in the previous month. Contributions are required for all employees performing work of a nature covered by the Agreement, for all members of Local 4, including owner operators. Further, contributions are due for total payroll hours, including overtime and paid holidays. Payments not received at the Fund Office by the 19<sup>th</sup> of the month will be assessed interest at the rate of 1% of the total amount due for each month the payment is delinquent.

SSN	Name	Local#	Total Hours	OT Hours	Gross Wages	Dues	SAC	401k
		TOTALS:						

CURRENT PERIOD ADDS / ADJUSTMENTS:

SSN	Date of Birth							
Name		Address: City, State, Zip						
SSN	Date of Birth							
Name		Address: City, State, Zip						
SSN	Date of Birth							
Name		Address: City, State, Zip						