

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

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:

Report Month/Year **June 2019**
Total Hours: _____ **OT Hours:** _____
Gross Wages: _____ **# Employees** _____
Job Name: _____

FUND	RATE	AMOUNT DUE
1. H&W	12.00	_____
2. Pension	12.35	_____
3. Apprent/Trn	1.00	_____
4. Annuity Tot.	3.25	_____
5. Annuity OT	1.625	_____
6. Coop Trust	0.61	_____
7. NTF	0.05	_____
8. Subtotal (#1 - #7)		_____
9. Interest Due		_____
10. Subtotal #8 + #9		_____
--- Employee Deductions---		
11. Dues		_____
13. S.A.C	0.05	_____
13. 401K Plan		_____
14. Total Adjustments		_____
Total due #10 - #14		_____

Total Due: _____
Your Check Amount: _____
Check Number: _____
Prepared By: _____

Reports and payment are due by the 19th of each month, covering payroll periods 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 19th 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						