STAMP FUNDS – LOCAL 14-14B

EFFECTIVE 7/1/2021

International Union of Operating Engineers 159-18 NORTHERN BLVD., FLUSHING, N.Y. 11358 h (719) 020 1/90 Evt

////2021	Ie	iepnone: (718) 939-1	489 EXt. 114	PERIOD	
		Website: www.local14	4funds.org	PERIOD	
	SEND TO:				
	Firm Name				
	Address			· Tel. #	
	City	State	Zip Code		
	TO BE COMPLET	ED BY EMPLOYER	Check association to whi	ch	
Stamp Denom.	Quantity	Amount	you belong: BCA CAGNY		
S– 40 Hour @ 1486.00			GCA CEMENT L	EAGUE	
S- 35 Hour @ 1300.25 S- 8 Hour			* FOR IMMEDI	ATE	
@ 297.20 S- 7 Hour @ 260.05			DISTRIBUTION SEND CERTIFIED CHECK OR		
S- 1 Hour @ 37.15 S- ½ Hour			WIRE FUNDS		
@ 18.58 D- 5 Hour @ 341.75			* Orders received without		
D- 1 Hour @ 68.35			Certified bank checks or		
D- ½ Hour			- Wire/ACH will be held		
@ 34.18 TOTALS			. 10 working days from deposit of check.		
N	lake Remittances Pa	yable to Operating Engineers MONIES TO BE ALLOCATE	-		
\$12.55 per hour to Welfare Fund \$5.95 per hour to Pension Fund		0.50 per hour to Annuity Fund 50 per hour to Annuity Voluntary* 25 per hour to LMCTF**	\$2.25 per hour to Union	\$1.10 per hour to Training Fund \$2.25 per hour to Union Assessment \$.05 per hour to Defense Fund	
\$5.95 per hour to Pension Fund		1.00 per hour to Annuity Fund 00 per hour to Annuity Voluntary* 50 per hour to LMCTF**	\$4.50 per hour to Union	\$2.20 per hour to Training Fund \$4.50 per hour to Union Assessment \$.10 per hour to Defense Fund	
-	t Cooperation Trust Fund other amount which may		14B Voluntary Political Action Committe	e (VPAC)	
Contributions to th	ne funds listed below to	be made by separate check made	payable to the reprective Funds.		
	ow where contributions s				
Total Employer Co @ \$.50 per hour		ry Advancement Program of the Buildir	ng Contractors Association		
Total Employer Co	ontributions to the Cemer	nt League Advancement Program @ \$.2	2 per hour.		
Total Employer Co	ntributions to the Heavy	Construction Industry Fund @ \$.30 per			
	ontributions to the Contra	ctors Association of Greater N.Y.@ \$1.88	3 per hour.		
The Employer here Benefit Trusts descu	by agrees to be bound ibed herein and to mak	to all the terms and conditions of th se all Fringe Benefit Payments pursu ints and any amendments to said Tri	ant to the requirements of		
			By: Purchaser's Signature		

TRADES UNION COUVELL 121