Introducing our new Employer Remittance Form

What’s New?

**ID Number:** A unique six digit number assigned to each employer. Please reference this number when calling the Fund Office regarding your account.

**Reference Number: (Highlighted in Yellow)** Precisely identifies this Remittance Form to the Fund Office. It is specific to the Employer, Bargaining Agreement, and Work Period. If you want to report a different Work Period or Agreement, do not photocopy and mark-up a Remittance Form. Call the Fund Office for assistance.

**Bargaining Agreement: (Highlighted in Blue)** Shows the Bargaining Agreement under which you are to report your employees' hours on this Remittance Form.

**Location:** Appears only if this Remittance Form is targeted to employees working on a specific job.

**Employee Classification and Rates: (Highlighted in Green)**

<table>
<thead>
<tr>
<th>Class</th>
<th>Classification</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>--</td>
<td>--</td>
<td>Employees with full benefits</td>
</tr>
<tr>
<td>A</td>
<td>-- or APP NO PENSION</td>
<td>Apprentice without Pension</td>
</tr>
<tr>
<td>APEN</td>
<td>--</td>
<td>Apprentice with Pension</td>
</tr>
<tr>
<td>SAAB</td>
<td>APP A-B</td>
<td>Apprentices A-B</td>
</tr>
<tr>
<td>SACG</td>
<td>APP C-G</td>
<td>Apprentices C-G</td>
</tr>
</tbody>
</table>

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**HOURLY**- For specific agreements, used to report total.

**FLAT**- For specific agreements, used to report flat contribution rate report total.

**Alt-ID: (Highlighted in Orange)** Formerly called O.E. ID, this is the alternative ID to be used instead of Social Security Numbers.

The employer is responsible to fill out items noted in red on the below examples.

Please call the Employer Accounting Department at the Fund Office with any questions regarding the new form at (626) 356-1040.

Please see the below examples of our new Remittance Form
### Operating Engineers Trust Funds - Local 12
**Employers Monthly Report to Trustees**

**This report covers hours for the month of:**

- **Month Year:** 06 2015

**Employee Classification and Rates**

<table>
<thead>
<tr>
<th>Classification</th>
<th>Rate</th>
<th>APP A-B</th>
<th>APP C-G</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacation/Holiday</td>
<td>4.15</td>
<td>3.30</td>
<td>3.30</td>
</tr>
<tr>
<td>Health &amp; Welfare</td>
<td>11.20</td>
<td>11.20</td>
<td>11.20</td>
</tr>
<tr>
<td>Pension</td>
<td>8.55</td>
<td>8.55</td>
<td></td>
</tr>
<tr>
<td>Survey Apprenticeship</td>
<td>0.90</td>
<td>0.90</td>
<td>0.90</td>
</tr>
<tr>
<td>Contract Compliance</td>
<td>0.15</td>
<td>0.15</td>
<td>0.15</td>
</tr>
</tbody>
</table>

** PLEASE RETAIN A COPY FOR YOUR RECORDS **

MAKE ONE CHECK PAYABLE TO: OPERATING ENGINEERS FUNDS, INC.

MAIL TO: OPERATING ENGINEERS TRUST FUNDS
P.O. BOX 644633
LOS ANGELES, CA 90084-4633 (626)356-1040

The employer and undersigned certifies that the information contained in this report and all attachments is correct and complete, in accordance with instructions provided. And that employer is bound by and all payments reported hereunder are made under a written agreement as required by 29 USC § 186(e)(5)(b) for all hours worked by or paid to all employees for the period.

**Employer Signature:** Payroll

**Signed By:** (626) 356-1040
**Title:** 7/1/2015

**Important**

This report must be filed even though no employees worked this month. Please check the appropriate box.

- No employees worked this month.
- Transfer to inactive status, we had no employee(s) to report this month and do not anticipate hiring any in the near future.

**Total Rate:** 24.95% 15.55% 24.10%

<table>
<thead>
<tr>
<th>Classification</th>
<th>Total Hours</th>
<th>Total Rate</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>245</td>
<td>24.95%</td>
<td>6,112.75</td>
</tr>
<tr>
<td>APP A-B</td>
<td>12</td>
<td>15.55%</td>
<td>186.60</td>
</tr>
<tr>
<td>APP C-G</td>
<td>65</td>
<td>24.10%</td>
<td>1,566.50</td>
</tr>
</tbody>
</table>

**Total:** 7,865.85

**Employee’s Last Name** | **First Name** | **MI** | **SSN #** | **ALT-ID** | **Class** | **Hours**
--|------------------|--------|-----------|------------|-----------|--------|
Employee1 | MyName | A | 876543210 | -- | 245 |
Employee2 | MyName | B | 123456789 | SAAB | 12 |
Employee3 | MyName | C | 109876543 | SACG | 65 |

*IMPORTANT: Social Security Number must be filled to assure proper credit.*

For additional reports or information, please phone and ask for employer control department.
<table>
<thead>
<tr>
<th>REF #</th>
<th>THIS REPORT COVERS HOURS FOR THE MONTH OF</th>
<th>TRUST</th>
<th>EMPLOYEE CLASSIFICATION AND RATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>B8372</td>
<td>06 2015</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ID NUMBER</th>
<th>AGREEMENT CODE</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>123456</td>
<td>SP-IN1</td>
<td></td>
</tr>
</tbody>
</table>

**EMPLOYER NAME AND ADDRESS**

**EMPLOYER NAME**

ADD *ESS*

CITY, STATE ZIP

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MAKE ONE CHECK PAYABLE TO: OPERATING ENGINEERS FUNDS, INC.

MAIL TO: OPERATING ENGINEERS TRUST FUNDS

P.O. BOX 84633

LOS ANGELES, CA 90084-4633 (626)356-1040

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The employer and undersigned certifies that the information contained in this report and all attachments is correct and complete, in accordance with instructions provided. And that employer is bound by and all payments reported hereunder are made under a written agreement as required by 29 USC § 186(c)(5)(b) for all hours worked by or paid to all engineers for the period.

**Employer Signature**

**Payroll**

**SIGNED BY**

(626) 356-1040

**TITLE**

7/1/2015

**PHONE NO.**

**DATE**

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**IMPORTANT**

THIS REPORT MUST BE FILED EVEN THOUGH NO EMPLOYEES WORKED THIS MONTH. PLEASE CHECK THE APPROPRIATE BOX

NO EMPLOYEES WORKED THIS MONTH.

PLEASE CONTINUE MAILING REPORT FORMS

TRANSFER TO INACTIVE STATUS, WE HAD NO EMPLOYEE(S) TO REPORT THIS MONTH AND DO NOT ANTICIPATE HIRING ANY IN THE NEAR FUTURE.

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**IMPORTANT NOTICE**

This report is due on the 10th of each month and must be received with payment and date stamped in the fund office by the 20th of each month in order to avoid being charged liquidated damages.

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**TOTAL RATE**

12.45  11.20  1344.00

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<table>
<thead>
<tr>
<th>CLASSIFICATION</th>
<th>TOTAL HOURS/QT</th>
<th>TOTAL RATE</th>
<th>AMOUNT DUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>-</td>
<td>424</td>
<td>12.45</td>
<td>5,278.80</td>
</tr>
<tr>
<td>HOURLY</td>
<td>124</td>
<td>11.20</td>
<td>1,388.80</td>
</tr>
<tr>
<td>FLAT</td>
<td>3</td>
<td>1344.00</td>
<td>4,032.00</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td>10,699.60</td>
</tr>
</tbody>
</table>

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**EMPLOYEE’S LAST NAME**

**FIRST NAME**

**MI**

**SSN #**

**ALT-ID**

**CLASS**

**HOURS**

**QUANTITY**

<table>
<thead>
<tr>
<th>Employee1</th>
<th>MyName</th>
<th>A</th>
<th>8765643210</th>
<th>--</th>
<th>40</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee2</td>
<td>MyName</td>
<td>B</td>
<td>123456789</td>
<td>84</td>
<td></td>
</tr>
<tr>
<td>Employee3</td>
<td>MyName</td>
<td>C</td>
<td>9876548321</td>
<td>100</td>
<td>1</td>
</tr>
<tr>
<td>Employee4</td>
<td>MyName</td>
<td>D</td>
<td>321654987</td>
<td>100</td>
<td>1</td>
</tr>
<tr>
<td>Employee5</td>
<td>MyName</td>
<td>E</td>
<td>894652136</td>
<td>100</td>
<td>1</td>
</tr>
</tbody>
</table>

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*IMPORTANT: SOCIAL SECURITY NUMBER MUST BE FILLED TO ASSURE PROPER CREDIT.

FOR ADDITIONAL REPORTS OR INFORMATION PLEASE PHONE AND ASK FOR EMPLOYER CONTROL DEPARTMENT.*

B00212*2