

Employers Statement of Contribution for Ironworkers Local #798 for Work Performed during period 10/01/2018-09/30/2019

Copies of this report must be sent in monthly to the entities shown below

The undersigned Employer (a) certifies that the information contained in this report is true; (b) that the hours reported represent all hours of "covered work" performed by Employer's Employees during the reporting period; and (c) that Employer has adopted (i) the AFL-AGC Building Trades Welfare Plan, including the Agreement and Declaration of Welfare Plan and Trust, as amended, the Trust Fund and the Plan's Summary Plan Description; (ii) the AFL-AGC Building Trades Pension Plan; (iii) Ironworkers Local 798 Apprenticeship & Training Trust; and, (iv) Southeastern Ironworkers Annuity Fund Trust (collectively called "the Plans"). Employer acknowledges that Employer has read the Plans and agrees to comply with all terms and conditions in the Plans. Employer acknowledges that the terms of the Plans, including the Employer's obligations under the Plans, cannot be changed except as expressly stated in the Plans. Employer agrees that the Trustees appointed the contributing Employers to the Plans shall be the Employer's designated Trustees for the purpose of 302 of the Labor Management Relations Act of 1947, as amended. Employer agrees that the terms used herein shall have the same meaning as stated in the Plans.

Employer _____ Address _____
 By _____ (Signature and Title) Date _____
 Job Location _____ Phone/Email _____

EMPLOYER'S REPORT OF HOURS AND WAGES PAID

Report for Period Ending: _____ Last Payroll Date Reported: _____

Employees Social Security No.	Name of Employee	Craft	Total Hours Worked	Gross Pay
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

You may attach a computer listing of the employees and the hours worked, however you are required to fill out the rest of this form for our records. Thank you.

SEVEN SEPARATE CHECKS ARE REQUIRED

Please make a separate check for each of the following entities and mail to addresses listed:

- 1) **AFL-AGC Welfare Fund** Total Hours Worked _____ X \$5.40 = _____
P.O. Box 1492 -Mobile, AL 36633
- 2) **AFL-AGC Pension Fund** Total Hours Worked _____ X \$5.40 = _____
P.O. Box 1492 -Mobile, AL 36633
- 3) **IW Local #798 Apprenticeship & Training Fund** Total Hours Worked _____ X \$0.90 = _____
P.O. Box 1492 - Mobile, AL 36633
- 4) **IMPACT** Total Hours Worked _____ X (JIW rate) X (0.00625) = _____
P. O. Box 791310-Baltimore, MD 21279-1310 (or 5/8 of 1%)
- 5) **Southeastern IW Annuity Plan** Total Hours Worked _____ X \$2.77 = _____
P.O. Box 919247 - Orlando, FL 32891-9247
- 6) **IW #798 Dues Check Off** 4.00 % of gross pay _____
7920 Crary Station Road-Semmes, AL 36575
- 7) **IW District Council Check Off** Total Hours Worked _____ X 0.15 = _____
P. O. Box 5438 Lakeland, FL 33807

This form can be copied or phone 251-438-4765 or 251-645-2477 for more forms.