

HOLLOW METAL PENSION & TRUST FUNDS AND SEPARATE BENEFIT ACCOUNT REMITTANCE REPORT



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| Name of Company: | |
| Account Number: | |
| Welfare Hourly Rate/Premium Rate: | |
| Pension Rate/Percentage: | |
| Separate Benefit Account (SBA) Rate: | |
| Week/Month Ending Date: | |

| SS# | Employee Name | Date of Hire | Lay off/term | Obligat ed Hours | For companies w/a cap | Non-Obligat ed Hours | Sum of Obligat ed and Non-Obligat ed | Hours that were contributed to | Wages | Welfare Amount Paid | Pension Amount Paid | SBA Amount Paid |
|-----|---------------|--------------|--------------|------------------|-----------------------|----------------------|--------------------------------------|--------------------------------|--------------|----------------------|----------------------|------------------|
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| | | | | | | | Total: | Sum of Hours | Sum of Wages | Sum of Welfare Cont. | Sum of Pension Cont. | Sum of SBA Cont. |

Obligated Hours = Pursuant to your Collective Bargaining Agreement (CBA) are hours for which you are obligated to make contributions for benefits on behalf of your employee(s).

Non-Obligated Hours = Pursuant to your Collective Bargaining Agreement (CBA) are hours for which you are NOT obligated to make contributions for benefits, but should be reported in order to have a complete work history.

Example: John Doe works 60 hours, but there is a cap in which you are only obligated to pay for 40; Obligated hours = 40; Non-Obligated hours = 20

Certification: I hereby certify that this is a true report of all hours worked and paid during the report month. Further, I agree to assume and be obligated by all of the provisions of the current Collective Bargaining Agreement and the provisions of the applicable Trust Agreement and policies and resolutions adopted by the Trustees.

Signed _____ Title _____ Date _____