

# MONTHLY PAYROLL REPORTING FORM

## NATIONAL ELECTRICAL BENEFIT FUND

## NATIONAL ELECTRICAL ANNUITY PLAN

This report and payment shall be mailed to reach the office of the appropriate Collection Agent not later than fifteen (15) calendar days following the end of each calendar month.  
SEE INSTRUCTIONS

Company Name	Payroll Period Ending
Address	Traveling <input type="checkbox"/>
City, State, Zip	Permanent <input type="checkbox"/>
Telephone	Local Union Where Work is Performed
Federal ID #	Total Number employed this period
Business Entity	Bldg. Constr. Journeymans Hourly Rate

First Report in this Local Union Area ☐  
Final Report in this Local Union Area ☐

Classifications to be used in Column 3				
1 Building Construction	3 Sign	5 Maintenance	7 Outside Construction	26 OTHER
2 Motor Repair	4 Communications	6 Inside Apprentice	8 Outside Apprentice	27 ALUMNI
Social Security # <small>no dashes or spaces</small>	Employee Name <small>Last, First MI</small>	Class	Total Clock Hours	Gross Earnings
<b>Total this page</b>			-	-
<b>Grand Total All Pages</b>			-	-

NEBF	Gross Earnings x	3%	0.00
CECAF	Total Clock Hours x	0.11	0.00
<input type="checkbox"/> NECA SC Paid by NECA Members Only (Check box to calculate)	Gross Earnings x	0.2%	0.00
NEAP	Gross Earnings x	17%	0.00
National LMCC	Total Clock Hours x	0.01	0.00
<b>Make check payable to CECAF</b>			<b>0.00</b>

THE EMPLOYER REPORTING HEREIN RECOGNIZES THAT IT IS BOUND BY THE RESTATED EMPLOYEES BENEFIT AGREEMENT AND TRUST FOR THE NATIONAL ELECTRICAL BENEFIT FUND (NEBF) AND THE NATIONAL ELECTRICAL ANNUITY PLAN AGREEMENT AND TRUST (NEAP) AND AGREES TO MAKE THE REQUIRED CONTRIBUTIONS TO THE NEBF AND NEAP AS PROVIDED THEREIN. THE EMPLOYER ACKNOWLEDGES HAVING RECEIVED A COPY OF THE ABOVE AGREEMENTS. THE EMPLOYER CERTIFIES THAT THE INFORMATION CONTAINED IN THIS REPORT IS A FULL AND ACCURATE STATEMENT OF HOURS WORKED AND WAGES EARNED OF ALL EMPLOYEES SUBJECT TO EMPLOYER CONTRIBUTIONS (PERSUANT TO ARTICLE 6 OF THE AGREEMENTS). THE EMPLOYER FURTHER CERTIFIES THAT IF CONTRIBUTIONS ARE MADE ON BEHALF OF NON-BARGAINING UNIT EMPLOYEES, IT IS MAKING SUCH CONTRIBUTIONS IN ACCORDANCE WITH ARTICLE 6 OF THE AGREEMENTS AND IT IS EITHER COVERING ALL SUCH NON-BARGAINING UNIT EMPLOYEES OR ALUMNI EMPLOYEES ONLY, EXCEPT THOSE WHO MAY BE EXCLUDED PURSUANT TO SECTION 6.3 OF THE NEBF AGREEMENT AND SECTION 6.2 OF THE NEAP AGREEMENT. THE EMPLOYER FURTHER CERTIFIES THAT IF IT IS REPORTING ON BEHALF OF A RELATED ORGANIZATION AS DEFINED IN ARTICLE 6 OF THE AGREEMENT, EITHER ALL EMPLOYEES OF THE ORGANIZATION OR ALUMNI EMPLOYEES ONLY ARE COVERED EXCEPT THOSE WHO MAY BE EXCLUDED PURSUANT TO SECTION 6.3 OF THE NEBF AGREEMENT AND SECTION 6.2 OF THE NEAP AGREEMENT.

<b>Mail check and 3 copies to:</b> <b>Joint Industry Benefit Fund</b> <b>7815 Cooper Rd. Suite B</b> <b>Cincinnati, OH 45242</b>	FIRM NAME SIGNATURE & TITLE DATE
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