

5100 Ed Smith Way, Suite A
Marion, IL 62959 (618) 998-1300

Type of Contract:

Date _____

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Marion, IL 62959 (618) 998-1300

by 15th of each month

City / County of Work:

Type of Contract:

4

TOTALS:

We collect only for the funds listed here. Any questions, please contact the fund office. Please submit a separate report for each local union.

Please complete this form in it's entirety (no substitute forms will be accepted), or form will be returned and contributions may be subject to late fee.

Make one check payable to:
**Southern Illinois Laborers & Employers Benefit
 Funds.**
 5100 Ed Smith Way, Suite A Marion, IL 62959.

Contributions to be paid at the rate of current rate per hour and to be received at the Fund Office on or before the 15th day of each month for hours worked during the previous month. Payments received after the last working day of the month in which due will be subject to the late payment fee of 12% with an additional 1% for each additional month the report is delinquent.

We hereby certify that this report includes all hours worked by laborers in our employment for the month shown above, and further, that the Employer whose name and entity is set forth below, subscribes to and agrees to be bound by the Agreement and Declarations of Trust establishing the Southern Illinois Laborers' and Employers' Health and Welfare Fund and the Southern Illinois Laborers' and Employers' Annuity Fund, and all amendments, revisions, additions and deletions thereto, and accepts all of them as fully as though the same were herein contained and further agrees to accept as a personal declaration for himself and on behalf of his firm to oversee the payment of the established rates of contributions to the aforesaid Funds.

Please be advised that the contributions received that are in excess of sums due for that particular month are subject to being applied to any and all prior contributions not yet paid and liquidated damages for the current or prior months.

Signature _____

Title

Date _____