

Southern Illinois Laborers & Employers Benefit Fund
5100 Ed Smith Way, Suite A
Marion, IL 62959 (618) 998-1300

Company Number	Local Number	Work Period	Due Date
1849 F	1197		by 15 th of each month

Business Phone Number:

City / County of Work:

Type of Contract:

NOTE: THE NAMES ON THIS REPORT WERE LISTED BY THE FUND OFFICE AS THEY WERE REPORTED ON YOUR PREVIOUS
MONTHLY REPORT. PLEASE INDICATE ANY CORRECTIONS OR ADDITIONS THERETO

CONTRIBUTION	RATE	HOURS	AMOUNT
Welfare	8.58		
Annuity	7.5500		
Training	0.8100		
Dues	1.2500		
LECET	89		
Political League	0.1000		
Vacation	1.3500		
3.5% Dues Checkoff			

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 its 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.

Total check

Contributions to be paid at the

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. Payment 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.

My signature below certifies 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,

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.

⁷ 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

Southern Illinois Laborers & Employers Benefit Fund
5100 Ed Smith Way, Suite A
Marion, IL 62959 (618) 998-1300

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/ 654F	1197		by 15 th of each month

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Training	0.8100		
Dues	1.2500		
LECET	.89		
Political League	0.1000		
Vacation	1.3500		
EBOLT	**NONE***		
3.5% Dues Checkoff			

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Date