

REGIONAL DISTRICT COUNCIL FRINGE BENEFIT FUNDS

P.O. Box 4148 • Portland, Oregon • 97208

Phone: Toll Free 800-846-0611 • Facsimile: 503-284-9386

IMPORTANT INFORMATION

Effective January 1, 2019

As a Participating Employer you have agreed to contribute to the Health, Retirement, Vacation and Training funds for each employee who performs work covered by the collective bargaining agreement, regardless of that employee's membership or non-membership in the Union ("covered employees"). Contributions are allocated is as follows:

Residential	August 2018	Building Heavy and Highway	Sept. 2018
HEALTH	\$1.50	HEALTH	\$1.50
VACATION	\$0.35	VACATION	\$0.35
INDUSTRY ADVANCEMENT	\$0.02	INDUSTRY ADVANCEMENT	\$0.05
TRAINING	\$0.63	TRAINING	\$1.25
ANNUITY	\$0.075	ANNUITY	\$0.575
TOTAL	\$2.575	TOTAL	\$3.725

IMPACT, ORGANIZING, AND WORK ASSESSMENT

Additionally, contributing employers will make a contribution for IMPACT at five eighths of one percent (0.625%) of total wages. Additionally, Work Assessments of four and seven eighths percent (4.875%) of total wages should be deducted from the employees' gross wages and remitted in accordance to the employers' contribution instructions.

FRINGE BENEFITS CONTRIBUTION REPORTING

Reports and payments are due to be received by the 15th of each month following the work month and should be sent to:

Iron Workers Regional District Council
Fringe Benefit Funds
P.O. Box 4148
Portland, OR 97208

Monthly reporting forms will be pre-printed and mailed to you at the end of each month. Each Month please provide hours worked for each covered employee and indicate any corrections, additions or changes on the form which must be returned with your contribution payment to the address listed above. (Blank forms will be sent to you prior to your first reporting period.) For months that there are no hours to report, please indicate "NO WORK" and return the reports to the Fund Office. Once a job is completed please indicate "JOB COMPLETED" on the form and return it to the Fund Office to avoid receiving additional reports. An employer payroll report may be submitted to the Fund Office to report hours worked for each covered employee; however, it is necessary to reconcile the employer report with payment information located in the lower left-hand corner of the pre-printed form provided by the Fund Office. The lower left-hand corner of the form must balance with the amount of the check submitted with each report. If you have any questions please call **1 (800) 846-0611**.

OVER

Key Persons and Travelers

The reporting procedures for Key Persons and Travelers are the same as for covered employees who are not Key Persons or Travelers. However, Employers who identify workers as “**Key Persons**” with Home Locals other than Local Nos. 846 or 847 and submit Fringe Benefit Contributions at their Home Local rates **must be reported on a “Key Persons” remittance form**. Because contribution rates differ between locals, employers must submit a separate Key Persons reporting form for each home local benefit package. Members from other locals (Travelers) that have filled out a **Reciprocal form** but are not designated “**Key Persons**” and have contributions made at the Regional District Council benefit rates, may be reported on the same form as other covered employees but the home local **must be clearly indicated** on the remittance form. All fringe benefits reports and payments in addition to training, IMPACT and work assessments are to be submitted to the same address. Both contribution payments and reports are to be sent to:

**Regional District Council Trust Funds
P.O. Box 4148
Portland, Oregon 97208**

TAX TREATMENT OF FRINGE BENEFIT CONTRIBUTIONS

All Vacation Fund contributions must be taxed as wages by the employer. All other fringe benefit contributions are non-taxable benefits.

PARTICIPANT ENROLLMENT CARDS

New covered employees must complete an enrollment card in order to receive benefits. Cards are available at either the Fund Office or the Local Union Offices. Please note that one side is printed in English and the other side in Spanish. Only one side needs to be completed and submitted to the Fund Office. A participant must send a new enrollment card to the Fund Office every time there is a change in address or dependents in order to avoid any interruption in receiving benefits. These cards must be mailed directly to the Fund Office at the address listed above.

MONTHLY MEMBERSHIP DUES AND DUES CHECK OFF

In order for dues to be deducted from wages, members must complete a Dues Check Off form. One copy is to be sent to the **Regional District Council Office** prior to or with their first monthly dues payment. Please keep a copy for your files and forward a copy with the monthly contribution reports to be kept on file at the Fund Office. Please send **Monthly Membership Dues (\$32.50 for Journeymen, Apprentice \$31.50 and \$31.50 for A-Rodmen)** and Dues Check Off forms to:

**Iron Workers Regional District Council
208 E. New York Avenue
Deland, Florida 32724
Attn: Monthly Dues Report**