

**LABOURER'S LOCAL 837 BENEFITS FUNDS
EMPLOYER CONTRIBUTION REPORT FORM**

Contributing Employer _____

 AUTHORIZED SIGNATURE _____

Report for month of _____
 Area _____
 Email _____

Please send forms

EMPLOYEE'S NAME	EMPLOYEE'S SOCIAL INSURANCE NUMBER	UNION DUES	TOTAL HOURS WORKED	TOTAL EARNINGS SUBJECT TO VACATION PAY	VACATION PAY
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**IF NO MEMBERS OF LOCAL 837 WERE EMPLOYED DURING THE MONTH
WRITE "NIL" AND FORWARD THIS REPORT IN THE NORMAL MANNER**

1					
2					
3					
4					
5					
6					
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9					
10					
11					
12					

1) **WELFARE/TRI-FUND/OCCUPATIONAL HEALTH & SAFETY** CHEQUE NO. _____
 Total Hrs. Worked _____ x _____ = \$ _____
P.S.T. ON WELFARE 8%

2) **ADMINISTRATION FUND (CHECK OFF DUES)**
 Total Hrs. Worked/Gross Wage _____ x _____ = \$ _____

3) **MONTHLY DUES** _____ x _____ = \$ _____

4) **TRAINING FUND**
 Total Hrs. Worked _____ x _____ = \$ _____

5) **INDUSTRY FUND PLUS H.S.T.**
 Total Hrs. Worked _____ x _____ (+ HST) _____ = \$ _____
 (Make cheque payable to: **GRAND VALLEY CONSTRUCTION ASSOCIATION**
 and send to 25 Sheldon Drive, Cambridge, ON N1R 6R8) **TOTAL (1-5) \$** _____

MAIL CHEQUES TO:
LiUNA Local 837 (Cambridge)
 330 Industrial Rd.
 Cambridge ON
 N3H 4R7

6) **PENSION**
 Total Hrs. Worked _____ x _____ = \$ _____

7) **O.P.D.C.**
 Total Hrs. Worked _____ x _____ = \$ _____
 (Make cheque payable to: **LABOURERS PENSION FUND OF CENTRAL AND EASTERN CANADA**)

8) **EMPLOYER FUND**
 Total Hrs. Worked _____ x _____ = \$ _____
 (Make cheque payable to: **Global Benefits in Trust and mail to**
 PO Box 7423 STN A, Toronto ON M5W 2C1)

MAIL CHEQUES TO:
Labourers' Pension Fund of Central and Eastern Canada
 P.O. Box 9002,
 Lakeshore West PO
 Oakville, ON
 L6K 0G1

