

**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
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					
7					
8					
9					
10					
11					
12					

1) WELFARE/TRI-FUND/OCCUPATIONAL HEALTH & SAFETY	CHEQUE NO.
Total Hrs. Worked _____ x _____ = \$ _____	_____
P.S.T. ON WELFARE 8%	
(Make cheque payable to: LOCAL 837 BENEFIT PLAN)	
2) VACATION PAY	
Total Earnings Subject to V.P. _____ x _____ = \$ _____	_____
(Make cheque payable to: LOCAL 837 VACATION PAY TRUST FUND)	
3) ADMINISTRATION FUND (CHECK OFF DUES)	
Total Hrs. Worked/Gross Wage _____ x _____ = \$ _____	_____
3A) MONTHLY DUES _____ x _____ = \$ _____	_____
(Make cheque payable to: LOCAL 837 ADMINISTRATION FUND)	
4) TRAINING FUND	
Total Hrs. Worked _____ x _____ = \$ _____	_____
(Make cheque payable to: LOCAL 837 TRAINING FUND)	
TOTAL (1-4) \$ _____	_____

MAIL CHEQUES TO:
**Labourers International
 Union of North America
 Local 837 Benefits
 Funds**
 44 Hughson St. S.
 Hamilton, Ontario
 L8N 2A7

5) INDUSTRY FUND PLUS H.S.T.
 Total Hrs. Worked _____ x _____ (+ HST) _____ = \$ _____
 Make cheque payable to: _____

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

