INTERNATIONAL BROTHERHOOD OF BOILERMAKERS

EFFECTIVE
February 1, 2011

GREAT LAKES RETIREE SUPPLEMENTAL WELFARE PLAN

ALL CONTRIBUTIONS ARE DUE BY THE 15TH OF THE MONTH FOLLOWING MONTH WORKED

FORM 1411
REV. 1/11

EMPLOYERS' MONTHLY FRINGE BENEFIT REPORT

NAME OF COMPANY	CODE NO.	WORK MONTH	REQUEST FOR FORMS
ADDRESS	TELEPHONE		FORM 1411 ☐
CITY AND STATE ZIP	REPORT DATE	Report All Weekly Payroll Periods Ending In The Above Month	JOB LOCATION

EMPLOYEE'S NAME LAST	INT	SOCIAL SECURITY NUMBER	STRAIGHT TIME HOURS IN MONTH	TIME & ONE HALF HOURS IN MONTH	DOUBLE TIME HOURS IN MONTH	TOTAL FUND CONTRIBUTIONS IN MONTH
		TOTAL THIS PAGE				
		TOTAL ALL PAGES				

INSTRUCTIONS

1. Complete this report. Mail with your check to:

   Boilermakers Great Lakes Retiree Supplemental Welfare Plan
   PO Box 413652
   Kansas City, MO 64141-3652

2. PLEASE PREPARE A SEPARATE REPORT FOR EACH JURISDICTION CHECK

   ☐ Local 107 ☐ Local 374
   ☐ Local 647 ☐ Local 744

3. Explain adjustments on reverse side. Attach variance notice if applicable.
4. If payment is not made by 15th of month, liquidated damages will be assessed.
5. Check if you need more forms.____

   No employees this month. ____

   "FINAL" ____ No employees until further notice. Check reason:
   ____ Business closed
   ____ Business Sold
   ____ Business Bankrupt
   ____ No longer work in area
   ____ No Obligation to contribute
   ____ However, still working in area
   ____ Other

6. By filing this form the undersigned contractor agrees to be bound by the terms of payment to the trust funds as set forth in the current applicable collective bargaining and trust agreements.

SIGNATURE

CONTRIBUTION RATES		Multiplier	Amount	Adjustments	Total
SUPPLEMENTAL WELFARE	$				

REMITTANCE - MAKE CHECK PAYABLE TO:
BOILERMAKERS GREAT LAKES RETIREE SUPPLEMENTAL WELFARE PLAN