

BOILERMAKERS & BLACKSMITHS LODGE NO. 169 – FRINGE BENEFIT FUNDS AND FIELD DUES CHECK-OFF

Name	Code No.	Work Month	FORM 3031 -REV. 07/2021
Address	Taxpayer No.		EMPLOYERS' MONTHLY FRINGE BENEFIT REPORT Effective January 1, 2014
City & State	Phone	REPORT ALL WEEKLY PAYROLL PERIODS ENDING IN THE ABOVE MONTH	REQUEST FOR FORMS 3031
Contact Name	Email	Reporting forms can be downloaded from the "Contractor" page of our website: www.boilermakerslocal169.com	

Employee Name (Last, First, Middle Initial)	Trade Level	SSN	Hours Worked			A	B	C	D	E
			ST	T1/2	DT	Total Hours	Base Wages	Vacation	Gross (Column B + Column C)	Field Dues (4.5% of Column D)
TOTALS=							\$	\$	\$	\$

TOTAL FIELD DUES (Column E) = \$	Make Field Dues Check Payable to: Boilermakers Local 169
Total Hours (Column A) =	Mail Field Dues Check and a copy of this form to: Boilermakers Local 169, 1755 Fairlane Drive, Allen Park, MI 48101

	Prior Period Adjustments	Check Amount	
Sick & Disabled (Total Hours x .10) =	\$	\$	Make Fringe Benefit Check Payable to: Boilermaker & Blacksmiths Lodge #169 – Fringe Benefit Fund Mail Fringe Benefit Check and a copy of this form to: J.P. Morgan Chase Bank, Dept. # 771540 P.O. Box 77000 - Detroit, MI 48277-1540
Training (Total Hours x .53) =	\$	\$	
Welding Certification (Total Hours x .05) =	\$	\$	
Supplemental Welfare (Total Hours x .96) =	\$	\$	
Vacation (Column C) =	\$	\$	
TOTAL FRINGE BENEFITS =	\$	\$	

EMPLOYER'S FAILURE TO PAY THE CONTRIBUTIONS AS REQUIRED IS A VIOLATION OF ITS COLLECTIVE BARGAINING AGREEMENT AS WELL AS THE FUNDS' TRUST AGREEMENT. AN EMPLOYER SHALL BE CONSIDERED TO BE IN DEFAULT IF PAYMENT OF ITS CONTRIBUTIONS ARE NOT MADE ON OR BEFORE THE 15 TH DAY OF THE CALENDAR MONTH IN WHICH THEY ARE DUE. 10% OF SUCH PAYMENT OR \$15.00, WHICHEVER IS GREATER, SHALL BE PAID BY THE DEFAULTING EMPLOYER AS A LATE PAYMENT CHARGE. IF THE DELINQUENCY CONTINUES FOR AN ADDITIONAL 30 DAYS OR MORE, INTEREST SHALL ACCRUE THEREON, AT THE RATE OF 1% PER MONTH ON THE UNPAID CONTRIBUTIONS, LATE PAYMENT CHARGES, AND ACCRUED INTEREST DUE THE FUNDS	Authorized Signature of Employer
---	---