

# ADDENDUM AGREEMENT

2018



**CEMENT MASONS' LOCAL 526 COMBINED FUNDS, INC.**  
 A.J. Furlan Bldg. • 2606 California Ave. • Pittsburgh, PA 15212  
 Phone: 412/761-6166 / Fax: 412/761-0318  
 Email: BenAdmin@opcma526.org

Hourly Rate \$ 31.04 / \$ 50.94  
 Job Site \_\_\_\_\_

Date Job Was Bid: \_\_\_\_\_  
 Month: \_\_\_\_\_  
 Day \_\_\_\_\_ Year \_\_\_\_\_

BUILDING TRADES WORK  
 HEAVY CONST. WORK

DATE JOB WAS PERFORMED FROM: MO. DAY YR. TO: MO. DAY YR.

**REPORTS DUE WITHIN 30 DAYS AFTER CLOSE OF EACH MONTH  
 PENALTY 1/2% AND INTEREST 1/2% ASSESSMENT AFTER DUE DATE**

WELFARE FUND RATE \$ 9.05 PENSION FUND RATE \$ 9.28 SUPPLEMENTAL INCOME FUND RATE \$ 1.07 ANNUITY FUND RATE —  
 APPRENTICE TRAINING .504 INDUSTRY ADVANCEMENT .154 DUES DEDUCTION RATE .04% TOT. FRINGES HOURLY DUES DEDUCTED RATE .514 .054

EMPLOYEE NAME	SHOW UP / REPORTING TIME - ONLY NO FRINGES PAID	STRAIGHT HOURS WORKED	+ OVERTIME HOURS WORKED	= TOTAL HOURS PAID	TOTAL GROSS PAY	* WAGES USED FOR FRINGES	WELFARE AMOUNT PAID	PENSION AMOUNT PAID	SUPPLEMENTAL INCOME PAID	ANNUITY	IND. ADV. / APPRENTICE	DUES DEDUCTIONS	HOURLY DUES DEDUCTIONS	TOTAL THIS MEMBER
1														
2														
3														
4														
5														
6														
7														
8														
<b>TOTALS FOR THIS SHEET</b>		<b>COLUMN TOTALS</b>												

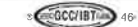
**TOTAL HRS. PAID**      **TOTAL CONTRIBUTIONS & DEDUCTIONS DUE FOR PERIOD - MAKE ONE CHECK**      **TOTAL REMITTANCE**

\*Fringe benefits and deductions for FOREMEN must be based on Journeymen's wage rates.  
 \*Fringe benefits and deductions for APPRENTICES must be based on APPRENTICE'S WAGE RATES.

Employer acknowledges it is bound by the terms and conditions of the current Collective Bargaining Agreement(s) with the Union, the Multi-Employer Employee Benefit Trust Agreements referenced therein, and are obligated to make fringe benefit contributions based upon the current Collective Bargaining Agreement(s) with the Union.

EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RETURN THIS COPY & CHECK TO ABOVE ADDRESS



DUES Calculation based on Total hours Paid using total Package.