

NORTHERN CALIFORNIA PIPE TRADES TRUST FUNDS (NCPTTF) FOR UA LOCAL 342

Instructions

The Collective Bargaining Agreement provides that payments shall be made on such a billing form as designated by the Trust Fund Office (TFO). Use of forms other than those provided by the TFO requires approval. **Use of non-approved forms may cause delays in processing which may result in assessment of late charges. It is your responsibility to report all hours worked and paid accurately. Deductions taken out for Credit Union, 401(k) and additional HRA must be remitted in full.**

The following instructions correspond to the information pre-printed on the front of this billing form. The information listed in the upper right hand corner is for internal TFO use only and is necessary for processing reported hours. **RT:** This five digit number represents the Job Class. **REPT#:** Each report represents a different Job Class and is assigned a Report Number which generates the list of employees associated with that Job Class. **ER#:** This five digit number is your Employer Account Number.

The elective Credit Union (CU), Health Reimbursement Account (HRA), and 401(k) will be listed on separate report pages. If an Employee has made an election, the number of hours reportable are based on straight time, overtime and double time.

Should you have any questions regarding completing this form, please contact the Employer Compliance Department at 925/356-8921. **The items listed in Red below are the items which must be completed by the Employer. Please use ink to complete forms.**

Item 1 - JOB CLASS. Each Employee should have a Referral Slip (Dispatch) containing job class information. To request a Dispatch, contact UA Local 342 directly at 925/686-5880. Each Employer's Contribution Report (ECR) report page will list a different job class. For example, a Journeyman will be on one page, while a 3rd Period Apprentice will be on a separate page.

Item 2 - DELINQUENT WORK MONTHS. Our records indicate that you have not submitted your report(s) for hours worked during the month(s) indicated. Mail the reports directly to the bank. If you had no Employees, write "None" and mail to the bank.

To request suspension of your account, please contact the Employer Compliance Department at 925/356-8921

Item 3 - EMPLOYEE'S SOCIAL SECURITY NUMBER (SSN) (XXX-XX-1234). For Employees added this month, type or print clearly the last four digits of the SSN. For privacy purposes, please do not list the full SSN. An asterisk may appear at the end of the SSN for some Employees. This is for internal TFO use only.

Item 4 - NAME OF EMPLOYEE. For Employees who worked this month and are not pre-printed, type or print clearly the Employee's name. *It is your responsibility to report all Employees who worked during the month even if their name is not pre-printed on this form. Please contact our office with questions.*

If an Employee did not work during the month, yet is still employed, denote with a "0" in the hours column. If an Employee is no longer employed, list "T" with the last day worked.

Example: XXX-XX-1234 SMITH, J T - 2/15/16

Item 5 - FLAT RATE AMOUNT. If a flat rate contribution for Health & Welfare is applicable per your contract with UA Local 342, Employees and their corresponding flat rates will be pre-printed in this column. Flat rate contributions are not applicable for all contract types.

Item 6 - STRAIGHT TIME HOURS. List each Employee's straight time hours.

Item 7 - TIME AND 1/2 HOURS. List each Employee's time and 1/2 hours.

Item 8 - DOUBLE TIME HOURS. List each Employee's double time hours.

Item 9 - FULL FRINGE HOURS. Add each Employee's hours that you listed in Columns 6, 7 & 8.

Item 10 - OT/DT HOURS. Multiply each Employee's hours that you listed in Column 7 by 0.5 and add this number to the number of hours you listed in Column 8.

Item 11 - FULL FRINGE & OT/DT HOURS. Add each Employee's hours that you listed in Columns 9 & 10.

Item 12 - FLAT RATE AMOUNT COLUMN TOTAL. Add the flat rate contributions listed in Column 5.

Item 13 - STRAIGHT TIME HOURS COLUMN TOTAL. Add the number of hours listed in Column 6.

Item 14 - TIME AND 1/2 HOURS COLUMN TOTAL. Add the number of hours listed in Column 7.

Item 15 - DOUBLE TIME HOURS COLUMN TOTAL. Add the number of hours listed in Column 8.

Item 16 - FULL FRINGE HOURS COLUMN TOTAL. Add the number of hours listed in Column 9.

Item 17 - OT/DT HOURS COLUMN TOTAL. Add the number of hours listed in Column 10.

Item 18 - FULL FRINGE & OT/DT HOURS COLUMN TOTAL. Add the number of hours listed in Column 11.

Item 19 - TOTAL HOURLY RATE, FULL FRINGE. Total of Fringes listed above.

Item 20 - TOTAL AMOUNT FOR FULL FRINGE. Multiply the Total Full Fringe Hours (Item 16) by the Total Hourly Rate (Item 19).

Item 21 - TOTAL HOURLY RATE. Total of amount (s) listed above.

Item 22 - TOTAL AMOUNT. Multiply the Total OT/DT Hours (Item 17) by the Total Hourly Rate (Item 21).

Item 23 - TOTAL HOURLY RATE. Total of Amount listed above.

Item 24 - TOTAL AMOUNT. Multiply the Total Full Fringe & OT/DT Hours (Item 18) by the Total Hourly Rate (Item 23).

Item 25 - PAGE TOTAL. Add Item 12 + Item 20 + Item 22 + Item 24.

Item 26 - SIGNATURE, PRINT NAME, TITLE, DATE, PHONE NUMBER AND EMAIL. This report must be signed by the owner, a partner or an executive officer of the Individual Employer. Please list the signer's title, date, phone number and email address. This is required on one page only. Failure to complete this item may cause delays in processing.

Item 27 - REPORT & PAYMENT SUBMISSION. Make checks payable to **Northern California Pipe Trades Trust Funds (NCPTTF).**

All pages of your ECR report must be returned. If you do not have any Employees to report on a page, write in "None", sign, date and return along with all the other pages.

Reports and contributions are due and payable at the bank by the 15th of the month following the work month and are delinquent if not received at the bank by the 22nd [you are urged to contribute at least the 401(k) deferrals by the 15th business day]. Failure to report and pay timely or issuance of a non-sufficient funds check, will result in assessment of Liquidated Damages and Interest Charges. Receipt at the bank is what determines when your contributions were "received", the postmark is not a factor. Please be mindful and allow sufficient time for mail service and delivery.

MAIL to: NCPTTF, P.O. Box 55606, Hayward, CA 94545-0606

OVERNIGHT MAIL to: NCPTTF, Lockbox 2501SA, 25151 Clawiter Road, Hayward, CA 94545-2731. *This location is not open to the public.*

WIRE TRANSFER OR ACH PAYMENTS: To submit your payment via wire transfer or ACH, please contact us at 925/356-8921 or email us at tfo@ncpttf.com