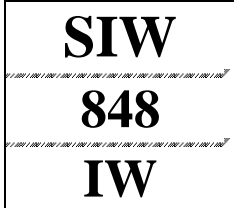


IRON WORKERS LOCAL UNION NO. 848 COMBINED FUNDS

Received Date- Internal use only



Zenith American Solutions, Fund Administrator
3 Gateway Center
401 Liberty Avenue, Suite 1200
Pittsburgh, PA 15222
1-800-242-8923
412-471-2891 Fax

Report for Work Month/Year

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From _____ to _____

**JURISDICTION OF LOCAL UNION No.848
MASTER AGREEMENT**

Document No. (for internal use only)

Rates Effective: July 1, 2020

Job Class	Reported Totals		Rate		Total Contributions
Journeyman	Total Hours Worked =	X	8.28	=	\$
Probationary and Key Employees	Total Hours Worked =	X	1.63	=	\$
Apprentices 55%-60%	Total Hours Worked=	X	1.63	=	\$
Apprentices 65%	Total Hours Worked =	X	5.95	=	\$
Apprentices 70%	Total Hours Worked =	X	6.29	=	\$
Apprentices 75%	Total Hours Worked =	X	6.62	=	\$
Apprentices 80%	Total Hours Worked =	X	6.95	=	\$
Apprentices 85%	Total Hours Worked =	X	7.28	=	\$
Apprentices 90%	Total Hours Worked =	X	7.62	=	\$
All Job Classes	Total Gross Wages=	X	7%	=	\$

Total Number of Participants:

\$

Document Total

- Report and contributions are due in the Fund Administrator's Office by the 15th day of the month following the work month. Interest will be assessed in accordance with the procedure outlined in the Collective Bargaining Agreement.
- Make check payable to: Southern Iron Workers Combined Funds, and mail report along with your check to at the Zenith American Solutions address listed above. Please retain a copy for your records.
- Transmit a copy of your report to the Union Hall. Mail to Iron Workers Local Union No. 848, 7326 Pepperdam Ave., N. Charleston, SC 29418, or fax to (843) 767-4810.
- A breakdown of Fund rates per Job Class are listed below:

	Fund:	Base Type	Journeyman Rates	Probationary & Key Employee	55%-60% Apprentice	65% Apprentice	70% Apprentice	75% Apprentice	80% Apprentice	85% Apprentice	90% Apprentice
PEN	Southern Iron Workers Pension Plan	HW	6.65	0.00	0.00	4.32	4.66	4.99	5.32	5.65	5.99
JATC	Apprentice Plan	HW	1.35	1.35	1.35	1.35	1.35	1.35	1.35	1.35	1.35
IPAL	IPAL	HW	.02	.02	.02	.02	.02	.02	.02	.02	.02
IMP	IMPACT	HW	.1625	.1625	.1625	.1625	.1625	.1625	.1625	.1625	.1625
ORG	Organizing Dues Check Off	HW	.0975	.0975	.0975	.0975	.0975	.0975	.0975	.0975	.0975
D848	Working Dues	GW	7%	7%	7%	7%	7%	7%	7%	7%	7%
	Rate:		8.28	1.63	1.63	5.95	6.29	6.62	6.95	7.28	7.62

Employer Name _____ Fed. I.D. No. _____
 Address _____ Phone No. _____
 _____ Fax No. _____

The undersigned employer, by signing this form, acknowledges the above is true and correct and that he or it is bound to all items and provisions of the current collective bargaining agreement in existence as negotiated by The Carolina Contractors Committee and L.U. No. 848 of the International Association of Bridge, Structural and Ornamental Iron Workers.

Check # _____
Authorized Signature _____ Date _____

Please check if: No Longer Working in Area Check here for more forms No Employees This Month Check here if new address