

Contractor _____

Tax ID Number _____

Address _____

Telephone No. _____ Zip Code _____

Email Address _____

REPORT FOR PAYROLL MONTH OF _____

☐ PLEASE CHECK BOX IF THIS IS A NEW ADDRESS

JOURNEYMAN IRONWORKER

ATLANTA IRON WORKERS PENSION FUND LOCAL 387
ATLANTA IRON WORKERS JOINT APPRENTICESHIP COMMITTEE
IRON WORKERS LOCAL 387 WELFARE FUND
JURISDICTION OF IRON WORKERS LOCAL UNION No. 387

FOR OFFICIAL USE ONLY

NOTE: Contributions should reach us by the 10th of the month following the month covered by this report

EMPLOYEE NAME (Type or Print)			SOCIAL SECURITY NUMBER			TOTAL CLOCK HOURS	WORK ASSESSMENTS \$1.59 PER HOUR	D. C. ASSESSMENTS .02 PER HOUR	I.P.A.L. ASSESSMENTS .03 PER HOUR	BUILDING TRADES .03 PER HOUR	INTERNATIONAL ORGANIZING \$.14 PER HOUR
LAST NAME	FIRST INITIAL	MIDDLE INITIAL									
CORRECT SOCIAL SECURITY NUMBER MUST BE SHOWN						TOTALS					

CONTRIBUTION SCHEDULE - Effective the first full Payroll Period After January 1, 2025

Remit one copy to: Atlanta Iron Workers Fringe Benefit Trust Fund
P.O. Box 1449
Goodlettsville, TN 37070-1449

Pension	6.50/HR	\$ _____
Apprentice	0.78/HR	\$ _____
Impact Fund	0.19/HR	\$ _____
387 Welfare	0.42/HR	\$ _____
Atlanta IW Supp RT Plan	1.10/HR	\$ _____
TOTAL (1)		\$ _____
WORK ASSESSMENT TOTAL (2)	1.59/HR	\$ _____
Total D.C. Assessments	0.02/HR	\$ _____
Total I.P.A.L. Assessments	0.03/HR	\$ _____
Total Building Trades	0.03/HR	\$ _____
Total Int. Organizing	0.14/HR	\$ _____
TOTAL (3)		\$ _____
TOTAL FUNDS REMITTED (1+2+3)		\$ _____

- ☐ Check Box to be sent more Benefit Forms
- ☐ Please check here if you employed no men during this payroll period and submit this form.
- ☐ Final Report

CAUTION, READ BEFORE SIGNING:

This undersigned employer, by signing this form, acknowledges, the above is true and correct and that he or it is bound to all terms and provisions of the current Collective Bargaining Agreement in existence as negotiated by Association of Steel Erectors and Heavy Equipment Operators, Inc., and International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers Local Union No. 387 and further acknowledges that at all times and on all jobs, the same Union is the sole, exclusive bargaining agent for all employees working in the craft jurisdiction of the Union as specified in the current Collective Bargaining Agreement.

Authorized Signature

Contractor _____
 Tax ID Number _____
 Address _____
 Telephone No. _____ Zip Code _____
 Email Address _____

PROBATIONARY IRONWORKER

ATLANTA IRON WORKERS PENSION FUND LOCAL 387
 ATLANTA IRON WORKERS JOINT APPRENTICESHIP COMMITTEE
 IRON WORKERS LOCAL 387 WELFARE FUND
 JURISDICTION OF IRON WORKERS LOCAL UNION No. 387

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REPORT FOR PAYROLL MONTH OF _____
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EMPLOYEE NAME (Type or Print)			SOCIAL SECURITY NUMBER			TOTAL CLOCK HOURS	WORK ASSESSMENTS \$1.59 PER HOUR	D. C. ASSESSMENTS .02 PER HOUR	I.P.A.L. ASSESSMENTS .03 PER HOUR	BUILDING TRADES .03 PER HOUR	INTERNATIONAL ORGANIZING \$14 PER HOUR
LAST NAME	FIRST INITIAL	MIDDLE INITIAL									
CORRECT SOCIAL SECURITY NUMBER MUST BE SHOWN						TOTALS					

CONTRIBUTION SCHEDULE - Effective the first full Payroll Period After January 1, 2025

Remit one copy to: Atlanta Iron Workers Fringe Benefit Trust Fund
 P.O. Box 1449
 Goodlettsville, TN 37070-1449

Pension 0.00/HR \$ _____
 Apprentice 0.00/HR \$ _____
 Impact Fund 0.19/HR \$ _____
 387 Welfare 042/HR \$ _____
TOTAL (1) \$ _____
WORK ASSESSMENT TOTAL (2) 1.59/HR \$ _____
 Total D.C. Assessments 0.02/HR \$ _____
 Total I.P.A.L. Assessments 0.03/HR \$ _____
 Total Building Trades 0.03/HR \$ _____
 Total Int. Organizing 0.14/HR \$ _____
TOTAL (3) \$ _____

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TOTAL FUNDS REMITTED (1+2+3)

\$ _____

Authorized Signature

Contractor _____
 Tax ID Number _____
 Address _____
 Telephone No. _____ Zip Code _____
 Email Address _____

7TH AND 8TH PERIOD APPRENTICE IRONWORKER

ATLANTA IRON WORKERS PENSION FUND LOCAL 387
 ATLANTA IRON WORKERS JOINT APPRENTICESHIP COMMITTEE
 IRON WORKERS LOCAL 387 WELFARE FUND
 JURISDICTION OF IRON WORKERS LOCAL UNION No. 387

FOR OFFICIAL USE ONLY

REPORT FOR PAYROLL MONTH OF _____
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NOTE: Contributions should reach us by the 10th of the month following the month covered by this report

EMPLOYEE NAME (Type or Print)			SOCIAL SECURITY NUMBER			TOTAL CLOCK HOURS	WORK ASSESSMENTS PER CBA	D. C. ASSESSMENTS .02 PER HOUR	I.P.A.L. ASSESSMENTS .03 PER HOUR	BUILDING TRADES .03 PER HOUR	INTERNATIONAL ORGANIZING \$.14 PER HOUR
LAST NAME	FIRST INITIAL	MIDDLE INITIAL									
CORRECT SOCIAL SECURITY NUMBER MUST BE SHOWN						TOTALS					

CONTRIBUTION SCHEDULE - Effective the first full Payroll Period After January 1, 2025

Remit one copy to: **Atlanta Iron Workers Fringe Benefit Trust Fund**
P.O. Box 1449
Goodlettsville, TN 37070-1449

Pension	6.50/HR	\$ _____
Apprentice	0.78/HR	\$ _____
Impact Fund	0.19/HR	\$ _____
Welfare	0.42/HR	\$ _____
Atlanta IW Supp RT Plan	1.10/HR	\$ _____
TOTAL (1)		\$ _____
7TH-8TH PERIOD ASSESSMENT	1.29/HR	\$ _____
WORK ASSESSMENT TOTAL (2)		\$ _____
Total D.C. Assessments	0.02/HR	\$ _____
Total I.P.A.L. Assessments	0.03/HR	\$ _____
Total Building Trades	0.03/HR	\$ _____
Total Int. Organizing	0.14/HR	\$ _____
TOTAL (3)		\$ _____

TOTAL FUNDS REMITTED (1+2+3)

\$ _____

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 Authorized Signature

Contractor _____
Tax ID Number _____
Address _____
Telephone No. _____ Zip Code _____
Email Address _____

1ST – 6TH PERIOD APPRENTICE IRONWORKER

ATLANTA IRON WORKERS PENSION FUND LOCAL 387
ATLANTA IRON WORKERS JOINT APPRENTICESHIP COMMITTEE
IRON WORKERS LOCAL 387 WELFARE FUND
JURISDICTION OF IRON WORKERS LOCAL UNION No. 387

FOR OFFICIAL USE ONLY

REPORT FOR PAYROLL MONTH OF _____
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NOTE: Contributions should reach us by the 10th of the month following the month covered by this report

EMPLOYEE NAME (Type or Print)			SOCIAL SECURITY NUMBER			TOTAL CLOCK HOURS	WORK ASSESSMENTS PER CBA	D. C. ASSESSMENTS .02 PER HOUR	I.P.A.L. ASSESSMENTS .03 PER HOUR	BUILDING TRADES .03 PER HOUR	INTERNATIONAL ORGANIZING \$.14 PER HOUR
LAST NAME	FIRST INITIAL	MIDDLE INITIAL									
CORRECT SOCIAL SECURITY NUMBER MUST BE SHOWN						TOTALS					

CONTRIBUTION SCHEDULE - Effective the first full Payroll Period After January 1, 2025

Remit one copy to: Atlanta Iron Workers Fringe Benefit Trust Fund
P.O. Box 1449
Goodlettsville, TN 37070-1449

Pension	0.00/HR	\$ _____
Apprentice	0.78/HR	\$ _____
Impact Fund	0.19/HR	\$ _____
Welfare	0.42/HR	\$ _____
TOTAL (1)		\$ _____
1ST-2ND PERIOD ASSESSMENT	0.95/HR	\$ _____
3RD-4TH PERIOD ASSESSMENT	1.07/HR	\$ _____
5TH-6TH PERIOD ASSESSMENT	1.18/HR	\$ _____
WORK ASSESSMENT TOTAL (2)		\$ _____
Total D.C. Assessments	0.02/HR	\$ _____
Total I.P.A.L. Assessments	0.03/HR	\$ _____
Total Building Trades	0.03/HR	\$ _____
Total Int. Organizing	0.14/HR	\$ _____
TOTAL (3)		\$ _____
TOTAL FUNDS REMITTED (1+2+3)		\$ _____

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Authorized Signature

SOUTHEASTERN IRON WORKERS

HEALTH CARE PLAN

LOCAL 387

Contractor _____

Address _____

_____ Zip Code _____

Telephone _____ Fed. I.D. No. _____

Job and Location _____

Report for Month Ending _____

☐ If you need more forms, please check here.

☐ Please check here if you employed no men during this payroll period and submit this report.

☐ Check here if Final Report.

☐ Check here if new address

Participant Name	Social Security Number	Hours Worked	Job Classification

SEIW Health Care Plan	Total Hours Worked:		X	\$6.25	=	\$
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Total Health Fund Amount \$

- Report and contributions are due in the Fund Administrator's Office by the 10th 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: **Southeastern Iron Workers Health Care Plan** and mail report along with your check to Southern Benefit Administrators Inc., P.O. Box 1449, Goodlettsville, TN 37070-1449. Please retain a copy for your records.
- 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 and Local 387.

Authorized Signature

Date

White-Administration Copy

Yellow-Union Copy

Pink-Employer Copy