

## TEAMSTERS LOCAL 929 RETIREMENT PLAN

P.O. Box 122, Collingswood, NJ 08108 •

Toll Free 866-542-9936 Direct 856-382-2468



## **MONTHLY REPORT & REMITTANCE FORM**

SOCIAL SECURITY NUMBER REG O/T COMMENTS  COMMENTS  MAKE CHECKS PAYABLE TO "LOCAL #929 RETIREMENT PLAN"  REG O/T COMMENTS				UNITS	;	CONTRIBUTION RATE	TOTAL	
SOCIAL NAME OF SECURITY REG O/T COMMENTS								
SOCIAL NAME OF SECURITY REG O/T COMMENTS								
SECURITY REG O/T COMMENTS				KE CHEC	KS PAYAI	BLE TO "LOCAL	#929 RETIREMENT PLAN"	
	SECURITY				REG	O/T	COMMENTS	
TOTAL APPROPRIATE			APPROPRI <i>t</i>	ATE				
WHEN ADDING NEW EMPLOYEES, A COMPLETED CENSUS / COLUMN OR COLUMNS ELECTION FORM FOR EACH MUST BE ATTACHED.	WHEN ADDING NEW EMPLOYEES, A COMELECTION FORM FOR EACH MUST BE A	MPLETED CENSUS / COLUMN (	OR COLUM	NS				
AUTHORIZED SIGNATURE		AUTHORIZ						

**CERTIFICATION** 

Employer by signing this Remittance Report Form agrees to all the terms and conditions of the Teamster Local #929 Retirement Plan, all Rules and Regulations of the Funds as established by the Board of Trustees, and agrees to all the terms and conditions as established under the current Collective Bargaining Agreement.

## **Instructions – Monthly Employer Remittance Report**

- Review the preprinted information for accuracy. Incorrect information should be circled and corrected.
- 2. Return the completed remittance form with the contribution check to:

Teamsters Local 929 Retirement Plan P.O. Box 122 Collingswood, NJ 08108

- 3. For each prelisted employee, enter the number of hours contributed for all straight time hours worked and/or paid for, including holidays, vacations and any other days paid for as required by your collective bargaining agreement. As indicated in the next column, list the total overtime hours worked by each employee during this period.
- 4. Any new employees and/or employees not prelisted who worked in the collective bargaining unit covered by a Local 929 labor contract should be written in on the next available blank line after the preprinted employee list. Include all employees, whether or not he is a seniority employee, extra casual, itinerant, etc. You must enter the name and social security number so that the employee can be properly identified. Next, enter the hours as instructed in 3 above. Lastly, indicate the date of hire for a new employee in the Comments column or indicate the status of any other employee being added.
- 5. Other employee status changes, i.e., disability, workers compensation, layoff, etc., must be noted by inserting the effective date in the Comments column.
- 6. Once all employees and their monthly activity, as expressed in hours, weeks or shifts (depending on the contribution basis specified in your collective bargaining agreement) have been listed, on the last line marked "Total," write in the total of the columns indicated.
- 7. Contribution Rate total regular and overtime hours (weeks, shifts or applicable basis) for the month should be multiplied by the preprinted contribution rate and that amount should be written under "Remittance Amount."
- 8. Should you require additional space, please list any adjustments on the separate copy. Include an explanation for any adjustments made.
- 9. Your Remittance Report Form and contribution for the Local 929 Retirement Plan must be received no later than the 15<sup>th</sup> day of the month following the month for which the Report is being made.

If contributions are not received by the 15<sup>th</sup> day of the month following the month being reported for the Local 929 Retirement Plan, the delinquent amount will be subject to the Plan's Delinquent Control and Collection Procedures, which may result in your being assessed interest and penalty charges, attorneys fees and other costs of collection in addition to the contribution to the contribution due.

Please refer to your collective bargaining agreement and Fund's Plan Document for the rules concerning contribution payments by employers.