STAMP FUNDS LOCAL 14-14B

EFFECTIVE 11-1-06 International Union of Operating Engineers 141-57 NORTHERN BLVD., FLUSHING, N.Y. 11354 Telephone: (718) 939-0919 Ext. 114

PERIOD

Telephone: (718) 939-0919 Ext. 114

Website: www.locall4funds.org

	SEND TO:				
	Firm Name				
	Address			Tel. #	
	City	State	Zip Code		
	TO BE COMPLETED BY EMPLOYER		Check ass	Check association to which	
Stamp Denom.	Quantity	Amount	you belonç BCA	g: E CAGNY	
S- 40 Hour @ 984.00			GCA	□ CEMENT LEAGUE	
S- 35 Hour @ 861.00					
S- 8 Hour @ 196.80			* CERTI	* CERTIFIED OR BANK	
S- 7 Hour 0 172.20			CHECK ONLY !!!		
S- 1 Hour @ 24.60					
S- y2 Hour @ 12.30					
D- 5 Hour © 223.75				* Orders received without	
D- 1 Hour ra ¹ 414.75			Certified or bank checks		
0- 1/2 Hour @ 22.38			will be held 10 working		
TOTALS			days fro	om deposit of check.	
Make Remittances Payable to Operating Engineers Local 14-14B Stamp Fund MONIES TO BE ALLOCATED:					
S-STAMP \$5.60 per hour to Welfare Fund \$4.45 per hour to Pension Fund		\$9.00 per hour to Annuity Fund \$3.50 per hour to Annuity Voluntary	/* \$1.35 per ho	ourtoTraining Fund our to Union Assessment ur to Defense Fund	
D-STAMP \$1120 per hour to Welfare Fund \$4.45 per hour to Pension Fund		\$18.00 per hour to Annuity Fund \$ 7.00 per hour to Annuity Voluntary	\$1.30 per ho y' \$2.70 per ho	our to Training Fund our to Union Assessment our to Defense Fund	
		be voluntarily allocated to the Local allow to be made by separate		Action Committee (VPAq. ble to the respective Funds.	
0 Total Employer Co @ \$.25 per hour_	ntributions to the Industry A	outions should be allocated. dvancement Program of the Building eague Advancement Program @ \$.2	•		
El Total Employer Contributions to the Heavy Construction Industry Fund CP \$.35 per hour.					
0 Total Employer Contributions to the Contractors Association of Greater N.Y. © \$1.25 per hour.					
0 Total Employer Contributions to the "New York Plan for The Construction Industry' @ \$.02 per hour.					

Purchaser's Signature

applicable Local 14-14B Trust instruments and any amendments to said Trusts.

The Employer hereby agrees to be bound to all the terms and conditions of the Local 14-14B I.U.O.E. Fringe Benefit Trusts described herein and to make all Fringe Benefit Payments pursuant to the requirements of the