

Please make sure to send 2 copies!!

STAMP FUNDS — LOCAL 14-14B

EFFECTIVE
7-1-05

International Union of Operating Engineers
141-57 NORTHERN BLVD., FLUSHING, N.Y. 11354
Telephone: (718) 939-0919 Ext. 114
Website: www.local14funds.org

PERIOD

SEND TO:

Firm Name _____ Tel. # _____
Address _____
City _____ State _____ Zip Code _____

Stamp Denom.	TO BE COMPLETED BY EMPLOYER		Check association to which you belong: <input type="checkbox"/> BCA <input type="checkbox"/> CAGNY <input type="checkbox"/> GCA <input type="checkbox"/> CEMENT LEAGUE
	Quantity	Amount	
S- 40 Hour @ 902.00			<p>* CERTIFIED OR BANK CHECK ONLY !!!</p> <p>* Orders received without Certified or bank checks will be held 10 working days from deposit of check.</p>
S- 35 Hour @ 789.25			
S- 8 Hour @ 180.40			
S- 7 Hour @ 157.85			
S- 1 Hour @ 22.55			
S- ½ Hour @ 11.28			
D- 5 Hour @ 205.75			
D- 1 Hour @ 41.15			
D- ½ Hour @ 20.58			
TOTALS			

Make Remittances Payable to **Operating Engineers Local 14-14B Stamp Fund**
MONIES TO BE ALLOCATED:

S-STAMP			
\$5.10 per hour to Welfare Fund	\$8.75 per hour to Annuity Fund	\$.55 per hour to Training Fund	
\$3.95 per hour to Pension Fund	\$3.25 per hour to Annuity Voluntary*	\$.90 per hour to Union Assessment	
		\$.05 per hour to Defense Fund	
D-STAMP			
\$10.20 per hour to Welfare Fund	\$17.50 per hour to Annuity Fund	\$1.10 per hour to Training Fund	
\$3.95 per hour to Pension Fund	\$ 6.50 per hour to Annuity Voluntary*	\$1.80 per hour to Union Assessment	
		\$.10 per hour to Defense Fund	

*Includes 05¢ or such other amount which may be voluntarily allocated to the Local 14-14B Voluntary Political Action Committee (VPAC).

NOTICE: Indicate below where contributions should be allocated.

- Total Employer Contributions to the Industry Advancement Program of the Building Contractors Association.
@ \$.25 per hour _____ \$ _____
- Total Employer Contributions to the Cement League Advancement Program @ \$.20 per hour.
_____ \$ _____
- Total Employer Contributions to the Heavy Construction Industry Fund @ \$.35 per hour.
_____ \$ _____
- Total Employer Contributions to the Contractors Association of Greater N.Y. @ \$1.22 per hour.
_____ \$ _____
- Total Employer Contributions to the "New York Plan for The Construction Industry" @ \$.02 per hour.
_____ \$ _____

Contributions to the above funds to be made by separate check made payable to the respective Funds.

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

By: _____
Purchaser's Signature