

STAMP FUNDS — LOCAL 14-14B

EFFECTIVE
7/1/2013

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 _____

Address _____

Tel. # _____

City _____

State _____

Zip Code _____

TO BE COMPLETED BY EMPLOYER			Check association to which you belong:	
Stamp Denom.	Quantity	Amount	BCA	CAGNY
S- 40 Hour @ 1220.00			GCA	CEMENT LEAGUE
S- 35 Hour @ 1067.50				
S- 8 Hour @ 244.00				
S- 7 Hour @ 213.50				
S- 1 Hour @ 30.50				
S- 1/2 Hour @ 15.25				
D- 5 Hour @ 277.75				
D- 1 Hour @ 55.55				
D- 1/2 Hour @ 27.78				
TOTALS				

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

S-STAMP

\$7.70 per hour to Welfare Fund
\$5.45 per hour to Pension Fund

\$10.00 per hour to Annuity Fund
\$4.50 per hour to Annuity Voluntary*

\$ 1.00 per hour to Training Fund
\$1.80 per hour to Union Assessment
\$.05 per hour to Defense Fund

D-STAMP

\$15.40 per hour to Welfare Fund
\$5.45 per hour to Pension Fund

\$20.00 per hour to Annuity Fund
\$9.00 per hour to Annuity Voluntary*

\$2.00 per hour to Training Fund
\$3.60 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).

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

NOTICE: Indicate below where contributions should be allocated.

Total Employer Contributions to the Industry Advancement Program of the Building Contractors Association.

@ \$.50 per hour _____ \$ _____

Total Employer Contributions to the Cement League Advancement Program @ \$.22 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. @ \$1.54 per hour.

_____ \$ _____

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

