EMPLOYER'S CONTRIBUTION REPORT - EFFECTIVE JULY 1, 2025

Operating Engineers Local 825 Benefit Funds

65 Springfield Avenue, Second Floor, Springfield, NJ 07081 (973) 671-6800 • (973) 921-9386 Fax

PLEASE TYPE or PRINT
Use Ball Point Pen

FOR FUND USE ONLY

Reference No..... Date Rec'd .....

Mailing No. ..... Acct. No. .....

Check No. ..... Rate .....

Employer's Name .....

Address .....

.....

Contact Person .....

Telephone No. .....

Job Site: _____

_____

1. **PAYROLL PERIOD From** ..... **To** .....
   Month-Day-Year Month-Day-Year
2. **TOTAL GROSS WAGES** $ .....
3. **TOTAL HOURS PAID** .....
4. **SUB FUND CONTRIBUTION** at $1.00 per hour of Total Hours **PAID** $ .....
5. **WELFARE FUND CONTRIBUTION** at $17.00 per hour of Total Hours **PAID** $ .....
6. **PENSION FUND CONTRIBUTION** at $6.50 per hour of Total Hours **PAID** $ .....
7. **SAVINGS FUND CONTRIBUTION** at $5.00 per hour of Total Hours **PAID** $ .....
8. **APPRENTICE TRAINING CONTRIBUTION** at $2.00 per hour of Total Hours **PAID** $ .....
9. **ANNUITY FUND CONTRIBUTION** at $6.00 per hour of Total Hours **PAID** $ .....
10. **LABOR MNGT. FUND CONTRIBUTION** at $2.75 per hour of Total Hours **PAID** $ .....
11. **IND. ADV. FUND CONTRIBUTION** at $0.15 per hour of Total Hours **PAID** $ .....

SUBTOTAL (4 - 11 above) $ .....

12. **POLITICAL ACTION COMMITTEE** at 0.5% of Total Gross Wages (see 2 above) $ .....
13. **WORKING ASSESSMENT** at 3% of Total Gross Wages (see 2 above) $ .....

GRAND TOTAL (4 - 13 above) $ _____

MAKE CHECK PAYABLE TO: Operating Engineers Local 825 Benefit Fund

THE UNDERSIGNED, on behalf of the Employer herein named, agrees to be bound to the following:

1. All terms and conditions embodied in the Agreements and Declarations of Trust, as may from time to time be restated and amended, establishing the Operating Engineers Local 825 SUB, Welfare, Pension, Savings, Apprentice Training and Retraining, Annuity and Industry Advancement Funds, which are expressly incorporated by reference herein and made a part hereof; and
2. All terms and conditions embodied in the collective bargaining agreements presently in effect between International Union of Operating Engineers Local 825 and AGC/CCLE of NJ, AGC/CIC of New York State, Association of Independent Contractors of NJ, Building Contractors Association of NJ, Mechanical Contractors Association of NJ, NJ Steel Association, Wharf and Dock Builders Association, Metro Concrete Pumping Association, and Tank Erectors Association or, if a non- associational employer, all terms and conditions embodied in the Independent and Sewer Agreements, which are expressly incorporated by reference herein and made a part hereof and made applicable to the Employer based upon the nature of the work performed.

THE UNDERSIGNED certifies that he or she is a duly authorized representative of the Employer with actual or implied authority to bind the Employer to the terms and conditions set forth herein; that the information set forth herein accurately reflects all hours and earnings worked and paid to all covered employees; and that the employees listed below are engaged by the Employer for the primary purpose of performing bargaining unit work pursuant to the collective bargaining agreements identified above in Paragraph 2 and that no contributions are being remitted on behalf of employees who more often than not perform work other than operating engineers' work, such as management of the affairs of the business, estimating, office or clerical work, or fieldwork that is not work performed by operating engineers.

Authorized Signature: _____ Title: _____ Date: _____

1 Employee's Social Security Number	2 Employee's Full Name	HOURS WORKED				3 TOTAL HOURS **PAID**	4 Hourly Rate	5 Total Earnings	6 Working Assess. 3% of Column 5	7 Political Action .5% of Column 5
		Shift	Straight Time	Time & Half	Double Time					

ORIGINAL - Funds Office Copy **DUPLICATE - Employer's Copy**