OHIO LABORERS Benefits

TELEPHONE: 614-898-9006

EMPLOYER'S REPORT

REMIT TO: PO BOX 790 WESTERVILLE, OH 43086

OF CONTRIBUTION				
TIN NUMBER	REFERENCE NUMBER	CHECK APPROPRIATE BOXE		
CONTRACT		□ We employed no laborers this month.		
		Please make account temported to advise when reported to advise when report	prarily inactive. (You will ing forms are needed again.)	
CONTRACTOR NUMBER	MONTH REPORTED	□ Final Report. Reason:		
		IMPORTANT: LIST COUNTY		
EMPLOYER'S NAME AND ADDRESS		COUNTY IN WHICH WORK PERFORMED		
		CHECK: TYPE OF CONSTRUCTION		
		□ BUILDING □ MAINTENANCE □ OTHER:		
PLEASE READ INSTRUCTIONS ON BA				
SOCIAL SECURITY NUMBER	FIRST NAME	LAST NAME	TOTAL HOURS FOR MONTH	

OLDC-OCA INSURANCE FUND	\$8.20	LECET	\$0.10
LDC&C PENSION FUND OF OHIO	\$4.05	LIUNA - TRI FUNDS	\$0.05
OHIO LABORERS ANNUITY FUND	\$1.00	OCA DUES	\$0.14
LABORERS' DISTRICT COUNCIL	\$0.35	OCA IND. PROMOTION	\$0.05
TRAINING/APPRENTICE	\$0.40	OCA ADMIN FEE	\$0.08

TOTAL HOURS ALL PAGES:		TOTAL AMOUNT DUE:				
By submitting this report the employer hereby agrees to be bound by the Ohio Laborers Benefits' trust agreements and the current applicable Laborers' Union collective bargaining agreement for the jurisdiction in which work is performed and the make contributions at standard rates to said Programs pursuant thereto.	TITLE	DATE	SIGNATURE			
MAKE ONE CHECK FOR TOTAL AMOUNT PAYABLE TO: OHIO LABORERS BENEFITS						