EMPLOYER'S REPORT OF CONTRIBUTION

# OHIO LABORERS Benefits

**TELEPHONE: 614-898-9006**

**REMIT TO:**
**PO BOX 790**
**WESTERVILLE, OH 43086**

| TIN NUMBER | REFERENCE NUMBER |
|---|---|
| CONTRACT | |
| CONTRACTOR NUMBER | MONTH REPORTED |
| | |
| EMPLOYER'S NAME AND ADDRESS | |

CHECK APPROPRIATE BOXES:

- ☐ **We employed no laborers this month.**
- ☐ **Please make account temporarily inactive. (You will need to advise when reporting forms are needed again.)**
- ☐ **Final Report. Reason:** _____

**IMPORTANT:** LIST COUNTY

COUNTY IN WHICH WORK PERFORMED

**CHECK: TYPE OF CONSTRUCTION** ☐ HIGHWAY ☐ BUILDING ☐ MAINTENANCE ☐ OTHER: _____

## PLEASE READ INSTRUCTIONS ON BACK CAREFULLY BEFORE COMPLETING

| SOCIAL SECURITY NUMBER | FIRST NAME | LAST NAME | TOTAL HOURS FOR MONTH |
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| OLDC-OCA INSURANCE FUND | $9.45 | LECET | $0.10 |
| LDC&C PENSION FUND OF OHIO | $4.60 | AGC ADMIN | $0.05 |
| OHIO LABORERS ANNUITY FUND | $1.00 | AGC CONST ADV PROGRAM | $0.15 |
| LABORERS' DISTRICT COUNCIL | $0.35 | | |
| TRAINING/APPRENTICE | $0.40 | | |

| **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**