

Introducing our new Employer Remittance Form

What's New?

ID Number: A unique six digit number assigned to each employer. Please reference this number when calling the Fund Office regarding your account.

Reference Number: (Highlighted in Yellow) Precisely identifies this Remittance Form to the Fund Office. It is specific to the Employer, Bargaining Agreement, and Work Period. If you want to report a different Work Period or Agreement, do not photocopy and mark-up a Remittance Form. Call the Fund Office for assistance.

Bargaining Agreement: (Highlighted in Blue) Shows the Bargaining Agreement under which you are to report your employees' hours on this Remittance Form.

Location: Appears only if this Remittance Form is targeted to employees working on a specific job.

Employee Classification and Rates: (Highlighted in Green)

Class	Classification	Description
--	--	Employees with full benefits
A	-- or APP NO PENSION	Apprentice without Pension
APEN	--	Apprentice with Pension
SAAB	APP A-B	Apprentices A-B
SACG	APP C-G	Apprentices C-G

HOURLY- For specific agreements, used to report total.

FLAT- For specific agreements, used to report flat contribution rate report total.

Alt-ID: (Highlighted in Orange) Formerly called O.E. ID, this is the alternative ID to be used instead of Social Security Numbers.

The employer is responsible to fill out items noted in red on the below examples.

Please call the Employer Accounting Department at the Fund Office with any questions regarding the new form at (626) 356-1040.

Please see the below examples of our new Remittance Form



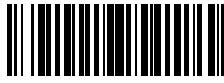
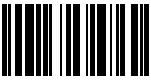
Reference Number

OPERATING ENGINEERS TRUST FUNDS - LOCAL 12
EMPLOYERS MONTHLY REPORT TO TRUSTEES
DO NOT CHANGE ANY OF THE DETAILS IMPRINTED ON THIS FORM

Classifications

Form containing employee data, employer information, and classification rates. Includes fields for REF #, ID NUMBER, EMPLOYER NAME, and a table for EMPLOYEE'S LAST NAME, FIRST NAME, MI, SSN #, ALT-ID, CLASS, and HOURS.

*IMPORTANT: SOCIAL SECURITY NUMBER MUST BE FILLED TO ASSURE PROPER CREDIT. FOR ADDITIONAL REPORTS OR INFORMATION PLEASE PHONE AND ASK FOR EMPLOYER CONTROL DEPARTMENT.



**OPERATING ENGINEERS TRUST FUNDS - LOCAL 12
EMPLOYERS MONTHLY REPORT TO TRUSTEES**
DO NOT CHANGE ANY OF THE DETAILS IMPRINTED ON THIS FORM

REF #		THIS REPORT COVERS HOURS FOR THE MONTH OF			TRUST		EMPLOYEE CLASSIFICATION AND RATES		
BB5372		MONTH YEAR 06 2015					--	HOURLY	FLAT
ID NUMBER	AGREEMENT CODE	LOCATION			VACATION/HOLIDAY		2.95		
123456	SP-IN1				HEALTH & WELFARE			11.20	1344.00
EMPLOYER NAME AND ADDRESS EMPLOYER NAME ADD R ^{ESS} CITY, STATE ZIP					PENSION		8.55		
					APPRENTICE/TRAINING		0.80		
					CONTRACT COMPLIANCE		0.15		
PLEASE RETAIN A COPY FOR YOUR RECORDS MAKE ONE CHECK PAYABLE TO: OPERATING ENGINEERS FUNDS, INC. MAIL TO: OPERATING ENGINEERS TRUST FUNDS P.O. BOX 844633 LOS ANGELES, CA 90084-4633 (626)356-1040					TOTAL RATE		12.45	11.20	1344.00
<p>The employer and undersigned certifies that the information contained in this report and all attachments is correct and complete, in accordance with instructions provided. And that employer is bound by and all payments reported hereunder are made under a written agreement as required by 29 USC § 186(c)(5)(b) for all hours worked by or paid to all engineers for the period.</p> <p align="center">Employer Signature Payroll</p> <p>SIGNED BY <u>(626) 356-1040</u> TITLE <u>7/1/2015</u> PHONE NO. DATE</p> <p>IMPORTANT NOTICE THIS REPORT MUST BE FILED EVEN THOUGH NO EMPLOYEES WORKED THIS MONTH. PLEASE CHECK THE APPROPRIATE BOX</p> <p><input type="checkbox"/> NO EMPLOYEES WORKED THIS MONTH. PLEASE CONTINUE MAILING REPORT FORMS</p> <p><input type="checkbox"/> TRANSFER TO INACTIVE STATUS. WE HAD NO EMPLOYEE(S) TO REPORT THIS MONTH AND DO NOT ANTICIPATE HIRING ANY IN THE NEAR FUTURE.</p> <p>IMPORTANT NOTICE THIS REPORT IS DUE ON THE 10TH OF EACH MONTH AND MUST BE RECEIVED WITH PAYMENT AND DATE STAMPED IN THE FUND OFFICE BY THE 20TH OF EACH MONTH IN ORDER TO AVOID BEING CHARGED LIQUIDATED DAMAGES.</p>					CLASSIFICATION	TOTAL HOURS/QTY	TOTAL RATE	AMOUNT DUE	
					-	424	12.45	5,278.80	
					HOURLY	124	11.20	1,388.80	
					FLAT	3	1344.00	4,032.00	
					TOTAL			10,699.60	
EMPLOYEE'S LAST NAME	FIRST NAME	MI	SSN #	ALT-ID	CLASS	HOURS	QUANTITY		
					Formerly O.E. Number				
Employee1	MyName	A	876543210		--	40			
Employee2	MyName	B	123456789			84			
Employee3	MyName	C	987654321			100	1		
Employee4	MyName	D	321654987			100	1		
Employee5	MyName	E	894652136			100	1		

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