

# OHIO LABORERS Benefits

**TELEPHONE: 614-898-9006**

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

**EMPLOYER'S REPORT  
 OF CONTRIBUTION**

TIN NUMBER	REFERENCE NUMBER	<p><b>CHECK APPROPRIATE BOXES:</b></p> <p><input type="checkbox"/> We employed no laborers this month.</p> <p><input type="checkbox"/> Please make account temporarily inactive. (You will need to advise when reporting forms are needed again.)</p> <p><input type="checkbox"/> Final Report. Reason: _____</p> <p><b>IMPORTANT: LIST COUNTY</b></p> <div style="border: 1px solid black; padding: 2px; min-height: 20px;">                 COUNTY IN WHICH WORK PERFORMED             </div> <p><b>CHECK: TYPE OF CONSTRUCTION</b>    <input type="checkbox"/> HIGHWAY</p> <p><input type="checkbox"/> BUILDING    <input type="checkbox"/> MAINTENANCE    <input type="checkbox"/> OTHER: _____</p>
CONTRACT		
CONTRACTOR NUMBER	MONTH REPORTED	
EMPLOYER'S NAME AND ADDRESS		

**PLEASE READ INSTRUCTIONS ON BACK CAREFULLY BEFORE COMPLETING**

SOCIAL SECURITY NUMBER	FIRST NAME	LAST NAME	TOTAL HOURS FOR MONTH

OLDC-OCA INSURANCE FUND	\$8.40	LECET	\$0.10
LDC&C PENSION FUND OF OHIO	\$4.15	CAP	\$0.18
LABORERS' DISTRICT COUNCIL	\$0.35		
TRAINING/APPRENTICE	\$0.40		

<b>TOTAL HOURS ALL PAGES:</b>		<b>TOTAL AMOUNT DUE:</b>	
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
<b>MAKE <u>ONE</u> CHECK FOR TOTAL AMOUNT PAYABLE TO: OHIO LABORERS BENEFITS</b>			