OHIO LABORERS Benefits

EMPLOYER'S REPORT OF CONTRIBUTION

TELEPHONE: 614-898-9006

REMIT TO: PO BOX 790 WESTERVILLE, OH 43086

TIN NUMBER	REFERENCE NUMBER		CHECK APPROPRIATE BOXES:		
CONTRACT		☐ We employed no laborers this month. ☐ Please make account temporarily inactive. (You will need to advise when reporting forms are needed again.)			
CONTRACT					
CONTRACTOR NUMBER	MONTH REPORTED			port. Reason:	
			IMPORTANT: LIST COUNTY		
EMPLOYER'S NAME AND ADDRESS			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 NAM	1E	LAST NAM	ME	TOTAL HOURS FOR MONTH
OLDC-OCA INSURANCE FUND \$8.40			LECET		\$0.10
LDC&C PENSION FUND OF OHIO \$4.15			LIUNA - TR	RI FUNDS	\$0.05
OHIO LABORERS ANNUITY FUND \$1.50			OCA DUES		\$0.14
LABORERS' DISTRICT COUNCIL \$0.35			OCA IND. P	ROMOTION	N \$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 bo Benefits' trust agreements and the current applicable Laborer bargaining agreement for the jurisdiction in which work is per contributions at standard rates to said Programs pursuant the	s' Union collective formed and the make		DATE	SIGNATURE	
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