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 BOXE	ES:	
CONTRACT			☐ We employed no laborers this month.		
CONTRACT			☐ Please make account temporarily inactive. (You will need to advise when reporting 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 CONSTRUCT	TION ☐ HIGHWAY	
			☐ BUILDING ☐ MAINTENANCE ☐ OTHER:		
PLEASE READ INSTRUCTIONS ON BACK CAREFULLY BEFORE COMPLETING					
SOCIAL SECURITY NUMBER	FIRST NAM	ME	LAST NAME	TOTAL HOURS FOR MONTH	
	+			+	
	+		 		
	T				
	+				
	+		<u> </u>	-	
	+				
	+				
OLDC-OCA INSURANCE FUND \$8.40		LECET	\$0.10		
LDC&C PENSION FUND OF OHIO \$4.15		LIUNA - TRI FUNDS \$0.05			
		OCA DUES \$0.14			
·		\$1.50			
LABORERS' DISTRICT COUNCIL \$0.35		•			
TRAINING/APPRENTICE \$0.40		OCA ADMIN FE	EE \$0.08		
TOTAL LIQUIDS ALL DACES			TOTAL ANADUMIT DUE:		
TOTAL HOURS ALL PAGES: By submitting this report the employer hereby agrees to be bound by the Ohio Laborers TITLE			TOTAL AMOUNT DUE: DATE SIGNATURE		
Benefits' trust agreements and the current applicable Labore bargaining agreement for the jurisdiction in which work is pe contributions at standard rates to said Programs pursuant th	ers' Union collective erformed and the make				
MAKE C	ONE CHECK FOR TO7	FAL AMOUNT	PAYABLE TO: OHIO LABORERS I	BENEFITS	