

Iron Workers St. Louis District Council Trust Funds

P.O. Box 1096 • Maryland Heights, MO 63043 • Phone 314.656.1091 • Toll Free 877.597.8704 • Fax 314.739.1105

Owner-Operator Election Form

Name of Employer: _____

Address of Employer: _____

Employer is (circle one):

Partnership corporation LLC sole proprietorship

The following individuals are owners (as defined by the Funds) of Employer:

Name of Owner	Title or position at Employer	Social Security Number	Check here if this owner elects to participate*

On behalf of the above named Employer I state that all owners of the Employer are listed above. I further acknowledge and agree that contributions are due to the Welfare and Pension Funds on each owner who elects to participate on **an average on of 142 hours a month of employment** with a minimum of 425 hours in any calendar quarter, and on actual hours worked with the tools if they exceed 425 hours in any calendar quarter. Contributions are due to the Annuity Fund on actual hours worked and reported.

print name:

print title:

date:

* Individuals working with the tools must participate.

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