



PIPEFITTERS LOCAL 636 FRINGE BENEFIT FUNDS

P.O. BOX 278
TROY, MICHIGAN 48099-0278
(248) 641-4936 (888) 646-8920

WE ARE CHANGING TO COMERICA BANK.

The new lockbox address is::

P.O. Box 675430

Detroit, MI 48267-5430

June 2023

Re: Updated Rates

Dear Contributing Employer:

Enclosed you will find a supply of contribution reporting forms for the Pipefitters Local 636 effective *June 5, 2023*. The forms are to be used as a template for future contributions. Keep the template on file and simply make copies as needed. We ask that you start using them with the June 2023 work month.

Please note that all contributions on the enclosed reporting forms are to be submitted to the Pipefitters Local 636 Lock Box to be addressed as follows:

MAKE CHECK PAYABLE TO: PIPEFITTERS LOCAL 636

MAIL TO: PIPEFITTERS LOCAL 636

PO BOX 675430

Detroit, MI 48267-5430

Thank you for your cooperation in using the new contribution forms. If you need additional templates or have any questions regarding the forms, please do not hesitate to contact the Fund Office.

Respectfully submitted,
The Fund Office

Enclosures

PIPEFITTERS LOCAL 636

PO BOX 278
TROY, MI 48099-0278

PHONE: (248) 641-4936

TOLL FREE: (888) 646-8920

EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

APPRENTICE 1ST-10TH

SEC 100

MONTH: _____ FROM: _____ TO: _____

THIS REPORT WITH PAYMENT MUST BE **RECEIVED** BY THE PIPEFITTERS LOCAL 636 TRUST FUNDS NO LATER THAN THE **15th OF THE MONTH** FOLLOWING THE MONTH IN WHICH THE HOURS WERE WORKED. FOR **WEEKLY** EMPLOYERS FUNDS ARE DUE NO LATER THAN **SEVEN (7) BUSINESS DAYS** AFTER THE WEEK ENDING SUBMIT DATE. REMITTANCE IS BASED ON ALL ACTUAL HOURS WORKED. WAGE REDUCTION REMITTANCE IS BASED ON STRAIGHT TIME HOURS NOT TO EXCEED 40 HOURS PER WEEK.

SOCIAL SECURITY NUMBER	EMPLOYEE NAME	TOTAL HOURS WORKED (A)	WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK		
			HOURS (B)	RATE	AMOUNT (C)
TOTAL					

TOTAL HOURS (A) _____ X \$16.23 PER HOUR = \$ _____	MAKE CHECK PAYABLE TO: PIPEFITTERS LOCAL 636 MAIL TO: PIPEFITTERS LOCAL 636 PO BOX 675430 DETROIT, MI 48267-5430
WAGE REDUCTION (B) _____ HOURS TOTAL (C) \$ _____	
TOTAL THIS REPORT \$ _____	

SPECIAL NOTE: FAILURE TO FILE THIS REPORT ON TIME OR CALCULATED INCORRECTLY WILL RESULT IN A LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANCE AMOUNT. THE LIQUIDATED DAMAGES CHARGE IS 10 % OF THE REMITTANCE AMOUNT BUT NOT LESS THAN \$15.00.

FRINGE BENEFITS	EMPLOYERS NOT PAYING THE "CURRENT AMOUNT" TO THE PIPING EDUCATION COUNCIL MUST ALLOCATE THIS AMOUNT TO THE INSURANCE FUND. PLEASE CHECK HERE IF APPLICABLE: TRAINING FUND IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THIS AMOUNT DIRECTLY TO THE PIPING EDUCATION COUNCIL.
PENSION FUND \$7.10	
INSURANCE FUND \$6.50	
DUES FUND \$0.38	
DEF. CONTRIB FUND \$0.80	
SUB FUND \$0.50	
P.I.E.T. FUND \$0.40	
RETIREE & WIDOW FUND \$0.10	
INT'L TRAINING FUND \$0.10	
PIPING ED COUNCIL FUND \$0.35	
TOTAL \$16.23	
	ADMINISTRATIVE USE ONLY
	EMPLOYER: _____
	DATE RECEIVED: _____
	ADDRESS: _____
	DEPOSIT DATE: _____
	CITY: _____ ST: _____ ZIP: _____
	CHECK NUMBER: _____
	TELEPHONE: _____
	CHECK AMOUNT: _____
	ENTERED BY: _____ SIGNATURE: _____ DATE: _____
	CHECK FOR MORE FORMS _____

SUBMISSIONS OF CONTRIBUTIONS ON AN ALTERNATE FORM MUST BE APPROVED BY THE JOINT ADMINISTRATIVE COMMITTEE

BY SIGNING THIS FORM, YOU CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS A FULL AND ACCURATE STATEMENT OF ALL EMPLOYEES WORKING FOR YOU UNDER THE JURISDICTION OF THE PIPEFITTERS LOCAL 636 FOR THE PERIOD INDICATED. BY FILING THIS REPORT, THE ABOVE NAMED EMPLOYER AGREES TO BE BOUND BY ALL THE TERMS OF THE CURRENT COLLECTIVE BARGAINING AGREEMENT BETWEEN THE PIPEFITTERS LOCAL 636 AND THE MECHANICAL CONTRACTORS ASSOCIATION OF DETROIT, INC. AND TO ALL THE TERMS OF THE TRUST AGREEMENTS OF THESE FUNDS. SPECIFICALLY INCLUDING PROVISIONS RELATING TO THE FRINGE BENEFIT FUND CONTRIBUTIONS.

Rev Date: 6/5/2023

PO BOX 278
TROY, MI 48099-0278

TOLL FREE: (888) 646-8920

MECHANICAL/MAINTENANCE TRADESMAN

MONTH: _____ FROM: _____ TO: _____

SOCIAL SECURITY NUMBER	EMPLOYEE NAME	TOTAL HOURS WORKED (A)	<u>WAGE REDUCTION PLAN</u> STRAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK		
			HOURS (B)	RATE	AMOUNT (C)
TOTAL					

SPECIAL NOTE: FAILURE TO FILE THIS REPORT ON TIME OR CALCULATED INCORRECTLY WILL RESULT IN A LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANCE AMOUNT. THE LIQUIDATED DAMAGES CHARGE IS 10 % OF THE REMITTANCE AMOUNT BUT NOT LESS THAN \$15.00.

EMPLOYER:			
ADDRESS:			
CITY:		ST:	ZIP:
TELEPHONE:			CHECK FOR MORE FORMS
SIGNATURE:			DATE:

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PIPEFITTERS LOCAL 636

PO BOX 278
TROY, MI 48099-0278

PHONE: (248) 641-4936

TOLL FREE: (888) 646-8920

EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

MECHANICAL EQUIPMENT SERVICEMAN

SEC 140

MONTH: _____ FROM: _____ TO: _____

THIS REPORT WITH PAYMENT MUST BE **RECEIVED** BY THE PIPEFITTERS LOCAL 636 TRUST FUNDS NO LATER THAN THE **15th OF THE MONTH** FOLLOWING THE MONTH IN WHICH THE HOURS WERE WORKED. FOR **WEEKLY** EMPLOYERS FUNDS ARE DUE NO LATER THAN **SEVEN (7) BUSINESS DAYS** AFTER THE WEEK ENDING SUBMIT DATE. REMITTANCE IS BASED ON ALL ACTUAL HOURS WORKED. WAGE REDUCTION REMITTANCE IS BASED ON STRAIGHT TIME HOURS NOT TO EXCEED 40 HOURS PER WEEK.

SOCIAL SECURITY NUMBER	EMPLOYEE NAME	TOTAL HOURS WORKED (A)	WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK		
			HOURS (B)	RATE	AMOUNT (C)
TOTAL					

TOTAL HOURS (A) _____ X \$13.63 PER HOUR = \$ _____	MAKE CHECK PAYABLE TO: PIPEFITTERS LOCAL 636 MAIL TO: PIPEFITTERS LOCAL 636 PO BOX 675430 DETROIT, MI 48267-5430
WAGE REDUCTION (B) _____ HOURS TOTAL (C) \$ _____	
TOTAL THIS REPORT \$ _____	

SPECIAL NOTE: FAILURE TO FILE THIS REPORT ON TIME OR CALCULATED INCORRECTLY WILL RESULT IN A LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANCE AMOUNT. THE LIQUIDATED DAMAGES CHARGE IS 10 % OF THE REMITTANCE AMOUNT BUT NOT LESS THAN \$15.00.

<table><tr><th colspan="2">FRINGE BENEFITS</th></tr><tr><td>INSURANCE FUND</td><td>\$7.73</td></tr><tr><td>DUES FUND</td><td>\$0.78</td></tr><tr><td>DEF. CONTRIB FUND</td><td>\$3.00</td></tr><tr><td>SUB FUND</td><td>\$1.00</td></tr><tr><td>P.I.E.T.FUND</td><td>\$0.40</td></tr><tr><td>INT'L TRAINING FUND</td><td>\$0.10</td></tr><tr><td>PIPING ED COUNCIL FUND</td><td>\$0.52</td></tr><tr><td>I.A.R.F FUND</td><td>\$0.10</td></tr><tr><td>TOTAL</td><td>\$13.63</td></tr></table>	FRINGE BENEFITS		INSURANCE FUND	\$7.73	DUES FUND	\$0.78	DEF. CONTRIB FUND	\$3.00	SUB FUND	\$1.00	P.I.E.T.FUND	\$0.40	INT'L TRAINING FUND	\$0.10	PIPING ED COUNCIL FUND	\$0.52	I.A.R.F FUND	\$0.10	TOTAL	\$13.63	<p>EMPLOYERS NOT PAYING THE "CURRENT AMOUNT" TO THE PIPING EDUCATION COUNCIL MUST ALLOCATE THIS AMOUNT TO THE INSURANCE FUND. PLEASE CHECK HERE IF APPLICABLE: _____ TRAINING FUND</p> <p>IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THIS AMOUNT DIRECTLY TO THE PIPING EDUCATION COUNCIL.</p> <table><tr><th>ADMINISTRATIVE USE ONLY</th><td>EMPLOYER: _____</td></tr><tr><td>DATE RECEIVED: _____</td><td>ADDRESS: _____</td></tr><tr><td>DEPOSIT DATE: _____</td><td>CITY: _____ ST: _____ ZIP: _____</td></tr><tr><td>CHECK NUMBER: _____</td><td>TELEPHONE: _____</td></tr><tr><td>CHECK AMOUNT: _____</td><td>CHECK FOR MORE FORMS _____</td></tr><tr><td>ENTERED BY: _____</td><td>SIGNATURE: _____ DATE: _____</td></tr></table>	ADMINISTRATIVE USE ONLY	EMPLOYER: _____	DATE RECEIVED: _____	ADDRESS: _____	DEPOSIT DATE: _____	CITY: _____ ST: _____ ZIP: _____	CHECK NUMBER: _____	TELEPHONE: _____	CHECK AMOUNT: _____	CHECK FOR MORE FORMS _____	ENTERED BY: _____	SIGNATURE: _____ DATE: _____
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SUBMISSIONS OF CONTRIBUTIONS ON AN ALTERNATE FORM MUST BE APPROVED BY THE JOINT ADMINISTRATIVE COMMITTEE

BY SIGNING THIS FORM, YOU CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS A FULL AND ACCURATE STATEMENT OF ALL EMPLOYEES WORKING FOR YOU UNDER THE JURISDICTION OF THE PIPEFITTERS LOCAL 636 FOR THE PERIOD INDICATED. BY FILING THIS REPORT, THE ABOVE NAMED EMPLOYER AGREES TO BE BOUND BY ALL THE TERMS OF THE CURRENT COLLECTIVE BARGAINING AGREEMENT BETWEEN THE PIPEFITTERS LOCAL 636 AND THE MECHANICAL CONTRACTORS ASSOCIATION OF DETROIT, INC. AND TO ALL THE TERMS OF THE TRUST AGREEMENTS OF THESE FUNDS. SPECIFICALLY INCLUDING PROVISIONS RELATING TO THE FRINGE BENEFIT FUND CONTRIBUTIONS.

Rev Date 6/5/2023

PIPEFITTERS LOCAL 636

PO BOX 278
TROY, MI 48099-0278

PHONE: (248) 641-4936

TOLL FREE: (888) 646-8920

THIS REPORT IS TO BE USED ONLY FOR PRINCIPALS WHO WORK WITH TOOLS OF THE TRADE.
DO NOT USE FOR JOURNEYMEN OR APPRENTICES

WORKING PRINCIPAL

Month: _____ From: _____ To: _____

SEC 170

**THESE CONTRIBUTIONS SHALL BE MADE FOR ALL HOURS WORKED UNDER THIS AGREEMENT, AND IN NO CASE FOR LESS THAN THIRTY-TWO (32) HOURS A WEEK WITH THE EXCEPTION THAT THE WORKING PRINCIPAL SHALL NOT BE REQUIRED TO MAKE CONTRIBUTIONS FOR ANY WEEK DURING WHICH HE DID NOT PERSONALLY PERFORM ANY BARGAINING UNIT WORK, UP TO A MAXIMUM OF FOUR (4) WEEKS PER CONTRACT YEAR (JUNE 1 – MAY 31), PROVIDED THAT HE HAS SUBMITTED EVIDENCE IN SUPPORT OF SUCH CLAIM TO BOTH THE UNION AND THE TRUSTEES OF THE APPLICABLE FUNDS, AND FURTHER PROVIDED THAT THE EVIDENCE SUBMITTED IS DEEMED BY BOTH THE UNION AND THE TRUSTEES IN THEIR SOLE DISCRETION TO BE SATISFACTORY TO SUPPORT THE WORKING PRINCIPAL'S CLAIM THAT BARGAINING UNIT WORK WAS NOT PERFORMED DURING THE WEEK(S) IN QUESTION. ONLY ONE WORKING PRINCIPAL PER FORM.

THIS FORM IS NOT TO BE USED FOR SALESMEN, ESTIMATORS, SUPERINTENDENTS AND OTHER SUCH SALARIED PERSONNEL.

SOCIAL SECURITY NUMBER	EMPLOYEE'S NAME	END OF LAST PAY PERIOD		TOTAL HOURS WORKED

FRINGE BENEFITS

MANDATORY	OPTIONAL*** WAGE REDUCTION PLAN	OPTIONAL*** DEFINED CONTRIBUTION	OPTIONAL INSURANCE ***
DB PENSION FUND \$16.50	PLEASE REFER TO CURRENT WAGE DEFERRAL LIMITS IMPOSED BY THE IRS WHICH ARE SUBJECT TO CHANGE ON AN ANNUAL BASIS AS LISTED ON BACK SIDE OF FORM	PLEASE REFER TO CURRENT WAGE DEFERRAL LIMITS IMPOSED BY THE IRS WHICH ARE SUBJECT TO CHANGE ON AN ANNUAL BASIS AS LISTED ON BACK SIDE OF FORM	TOTAL HOURS WORKED X RATE = AMOUNT
DUES FUND \$1.71			INSURANCE RATE = \$13.75 PER HOUR
P.I.E.T.FUND \$1.10			
INT'L TRAINING FUND \$0.10			
PIPING ED COUNCIL FUND \$0.52			HOURS _____ RATE _____ \$13.75
I.A.R.FUND \$0.90			
	\$ _____	\$ _____	\$ _____
TOTAL \$20.83	ENTER AMOUNT	ENTER AMOUNT	ENTER AMOUNT

***** SEE REVERSE SIDE OF THIS FORM FOR ADDITIONAL INFORMATION REGARDING OPTIONAL CONTRIBUTIONS *****

TOTAL HOURS _____ X \$20.83 = \$ _____	MAKE CHECK PAYABLE TO: PIPEFITTERS LOCAL 636 P.O. BOX 675430 DETROIT, MI 48267-5430
WAGE REDUCTION OPTION AMT \$ _____	
D/C PENSION FUND OPTION AMOUNT \$ _____	
INSURANCE PLAN OPTION AMOUNT \$ _____	
TOTAL THIS REPORT \$ _____	

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ADMINISTRATIVE USE ONLY		EMPLOYER: _____
DATE RECEIVED: _____		ADDRESS: _____
DEPOSIT DATE: _____		CITY: _____ ST: _____ ZIP: _____
CHECK NUMBER: _____		TELEPHONE: _____
CHECK AMOUNT: _____		CHECK BOX FOR MORE FORMS <input type="checkbox"/>
ENTERED BY: _____		CHECK BOX IF FINAL REPORT <input type="checkbox"/>
		SIGNATURE: _____ DATE: _____

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I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS A FULL AND ACCURATE STATEMENT FOR THOSE WORKING PRINCIPLES EMPLOYED OR WORKING FOR THE EMPLOYER UNDER THE TERMS OF THE COLLECTIVE BARGAINING AGREEMENT. BY FILING THIS REPORT, THE UNDERSIGNED EMPLOYER AGREES TO BE BOUND BY ALL THE TERMS OF THE CURRENT COLLECTIVE BARGAINING AGREEMENT BETWEEN PIPEFITTERS LOCAL 636 AND THE MECHANICAL CONTRACTORS ASSOCIATION OF DETROIT, INC. AND TO THE TERMS OF THE TRUST AGREEMENTS OF THE FUNDS, SPECIFICALLY INCLUDING PROVISION RELATING TO FRINGE BENEFIT FUND CONTRIBUTIONS.

SUBMISSIONS OF CONTRIBUTIONS ON ALTERNATE FORMS MUST BE APPROVED BY THE JOINT ADMINISTRATIVE COMMITTEE

Rev Date: 6/5/2023

OPTIONAL CONTRIBUTIONS:

PIPEFITTERS LOCAL 636 INSURANCE FUND



EFFECTIVE 07/31/2006, PARTICIPATION IN THE INSURANCE FUND IS OPTIONAL FOR WORKING PRINCIPALS. YOU WILL BE PROVIDED AN OPPORTUNITY ONCE A YEAR DURING OPEN ENROLLMENT, PURSUANT TO THE TERMS OF THE INSURANCE FUND PLAN DOCUMENT, TO PARTICIPATE IN THIS FUND.

**

IF YOU CHOOSE TO PARTICIPATE, CONTRIBUTIONS MUST BE MADE ACCORDING TO THE RULES SPECIFIED ON THE FRONT OF THIS FORM. THE CURRENT INSURANCE FUND RATE IS \$13.55 PER HOUR.

PIPEFITTERS LOCAL 636 DEFINED CONTRIBUTION PENSION PLAN (D/C PLAN)



EFFECTIVE 7/31/2007, PARTICIPATION IN THE DEFINED CONTRIBUTION FUND IS OPTIONAL.

IF YOU CHOOSE TO PARTICIPATE, CONTRIBUTIONS MUST BE MADE ACCORDING TO THE RULES SPECIFIED.

■ * For Participants under age 50, the wage deferral limit imposed by the IRS for 2021 is \$19,500. For Participants age 50 and over, the IRS allows additional catch-up contributions of \$6,500. (\$26,000 total for 2021).

THE LIMITS ARE SUBJECT TO CHANGE ON AN ANNUAL BASIS TO CORRESPOND TO THE IRS LIMITS ISSUED EACH YEAR.

PLEASE BE ADVISED THAT THERE ARE LIMITS ON TAX DEDUCTIBILITY OF CONTRIBUTIONS MADE TO PENSION FUNDS. THE FUND HAS NO RESPONSIBILITY OR LIABILITY FOR DETERMINING THE DEDUCTIBILITY OF CONTRIBUTIONS, OR ANY TAX CONSEQUENCES OF PARTICIPATING IN THIS FUND. YOU SHOULD CONSULT WITH YOUR ATTORNEY OR TAX CONSULTANT BEFORE MAKING A DECISION TO PARTICIPATE.

***** REVERSE SIDE OF WORKING PRINCIPALS CONTRIBUTION REPORT *****