



**PLUMBERS LOCAL 98
FRINGE BENEFIT FUNDS**

**P.O. BOX 159
TROY, MICHIGAN 48099-0159
(248) 641-4988 (866) 646-8919**

WE ARE CHANGING TO COMERICA BANK

THE NEW LOCKBOX ADDRESS IS
Plumbers 98
PO Box 675434
Detroit, MI 48267-5434

June 2023

TO: CONTRIBUTING EMPLOYERS

Dear Contributing Employer:

Enclosed you will find a supply of contribution reporting forms for the Plumbers Local 98 Fringe Benefit Funds 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 or contact the Fund Office to receive them in an excel format. We ask that you start using the new forms effective June 5th, 2023 work.

***Please note that all contributions on the enclosed reporting forms are to be submitted to Plumbers 98
PO BOX 675434 Detroit, MI 48267-5434***

Please Visit www.mcaemployerinfo98.org to create an account for online payment and remittance

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

**PLUMBERS LOCAL 98
PO BOX 159
TROY, MI 48099-0159**

PHONE: (248) 641-4988

TOLL FREE: (888) 646-8919

**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

LIGHT COMMERCIAL - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR ALL HOURS WORKED ON LIGHT COMMERCIAL WORK. RESIDENTIAL, SERVICE AND REPAIR - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR STRAIGHT TIME HOURS ONLY.

THE PRINCIPAL MUST REPORT FOR NOT LESS THAN 32 HOURS OF WORK EACH WEEK. ONLY ONE WORKING PRINCIPAL PER FORM. THIS FORM IS NOT TO BE USED FOR SALESMEN, ESTIMATORS, SUPERINTENDENTS AND OTHER SUCH SALARIED PERSONNEL. REMITTANCE IS BASED ON THE TYPE OF WORK AS EXPLAINED IN THE LANGUAGE ABOVE.

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 \$17.20	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	Working Principal can elect single or family coverage under the Full, Standard, or Basic plans as listed on back side of form
TRAINING FUND \$1.44			
WORKING DUES FUND \$0.65			
INT'L TRAINING FUND \$0.05			
PIPING ED COUNCIL FUND \$0.52			
IARF FUND \$0.90			
TOTAL \$20.76	ENTER AMOUNT	ENTER AMOUNT	ENTER AMOUNT

ADDITIONAL INFORMATION REGARDING OPTIONAL CONTRIBUTIONS *****

TOTAL HOURS _____ X \$20.76 = \$ _____	MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98 PO BOX 675434 DETROIT, MI 48267-5434
WAGE REDUCTION OPTION AMT \$ _____	
D/C PENSION FUND OPTION AMOUNT \$ _____	
INSURANCE PLAN OPTION AMOUNT \$ _____	
TOTAL THIS REPORT \$ _____	

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 BEING REPORTED. REMITTANCE FOR FRINGES IS BASED ON ALL ACTUAL HOURS WORKED. WAGE REDUCTION REMITTANCE IS BASED ON STRAIGHT TIME HOURS NOT TO EXCEED 40 HOURS PER WEEK. ** SEE REVERSE SIDE

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

I CERTIFY THAT THE INFORMATION IN THIS REPORT IS A FULL AND ACCURATE STATEMENT OF ALL WORKING PRINCIPALS EMPLOYED OR WORKING FOR THE EMPLOYER UNDER THE JURISDICTION OF THE PLUMBERS LOCAL 98 FOR THE PERIOD INDICATED. BY FILING THIS REPORT, THE UNDERSIGNED EMPLOYER AGREES TO BE BOUND BY ALL THE TERMS OF THE CURRENT COLLECTIVE BARGAINING AGREEMENT BETWEEN THE PLUMBERS LOCAL 98 AND THE MECHANICAL CONTRACTORS ASSOCIATION OF DETROIT, INC. AND TO THE TERMS OF THE TRUST AGREEMENTS OF THE FUNDS, SPECIFICALLY INCLUDING PROVISIONS RELATING TO FRINGE BENEFIT FUND CONTRIBUTIONS.

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

EFF Date: 6/5/2023

OPTIONAL CONTRIBUTIONS:

HEALTH INSURANCE OPTIONS

Working Principals who elect medical and prescription drug coverage can no longer choose 2-person coverage. The only options are single or family coverage.

Thus, a Working Principal can elect single or family coverage under the Full, Standard, or Basic plans for the following premiums:

Effec 8/1/19	FULL PLAN:	\$800 SINGLE / \$1,155 FAMILY
	STANDARD PLAN:	\$625 SINGLE / \$955FAMILY
	BASIC PLAN:	\$533 SINGLE / \$640 FAMILY

After an election has been made, once per year a Working Principal can switch from the Full Plan to the Standard or Basic Plan or from the Standard Plan to the Basic Plan. Participants are only permitted to “upgrade” their plan selection during the annual Open Enrollment.

To receive a chart of the benefits under the Full, Standard, and Basic plan options, please contact the Fund Administration Office at (248) 641-4988 or (866) 646-8919.

WHEN COMPARING INSURANCE RATES TO INSURANCE RATES THAT YOU MAY SOLICIT, MAKE SURE THE BENEFITS ARE COMPARABLE. THE INSURANCE FUND INSURES MORE MEDICAL BENEFITS; IT INCLUDES DEATH BENEFITS AND PRESCRIPTION BENEFITS. IF YOU DO NOT OPERATE YOUR BUSINESS AS A CORPORATION, PLEASE CHECK WITH YOUR ACCOUNTANT TO DETERMINE YOUR TAX DEDUCTIBILITY AS TO YOUR PAYMENT TO THE INSURANCE FUND OR YOUR COMPANY'S OWN INSURANCE PLAN.

PLUMBERS LOCAL 98 DEFINED CONTRIBUTION PENSION PLAN (D/C PLAN): YOU MAY OR MAY NOT CURRENTLY BE CONTRIBUTING TO YOUR OWN COMPANY'S QUALIFIED PLAN SUCH AS A 401K PLAN, ETC. IN ANY EVENT, THE MANDATORY CONTRIBUTION TO THE PLUMBERS LOCAL 98 DEFINED BENEFIT PLAN (D/B PLAN) DOES NOT CONFLICT WITH YOUR RIGHT TO CONTINUE TO CONTRIBUTE TO YOUR COMPANY'S QUALIFIED PLAN.

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.

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

* 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.

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