

EMPLOYER ADJUSTMENT FORM

**International Union Of Operating Engineers, Local No. 4
Health & Welfare, Pension, and Annuity Funds**

16 Trotter Drive
P.O. Box 680
Medway, Ma 02053-0680
Phone: (508) 533-1400
(888) 486-3524
FAX: (508) 533-1425
www.local4funds.org

Please use these forms if you need to make corrections to a previously submitted remittance report. Please attach this form with a corrected report as applicable (see following pages). If you have any questions, please contact our Employer Reporting Help Desk 1-508-533-1400 x100.

PLEASE CHECK ALL THAT APPLY:

Employer Account Number _____

- Incorrect rates were used
- Incorrect Hours reported
- Incorrect Wages reported
- Incorrect Dues/SAC reported
- Incorrect 401K reported
- Additional hours, wages, dues, sac, or 401K that need to be reported
- Incorrect month reported for, should have been reported for _____
- Incorrect Account # used, reported under _____, should have been for Account # _____
- Incorrect member/social security number reported
- Other:
- This is the final report Month/Year _____
- Member belongs to another Operating Engineers Local # _____
- Please check this box for address change, and list your account # and new address:

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Employer: _____ Report Month/Year: _____
 Account # : _____ Final Report: YES: _____ NO: _____
 Address: _____ Total Hours: _____ OT Hours _____
 Gross Wages: _____ #Employees _____
 Job Name: _____
 Phone: _____

FUND	RATE	AMOUNT DUE
1 H&W		_____
2 Pension		_____
3 Apprent/Trn		_____
4 Annuity Total		_____
5 Annuity OT		_____
6 Subtotal (#1 - #5)		_____
7 Coop Trust		_____
8 Interest Due		_____
9 Subtotal #6, #7, #8		_____
Employee Deductions		
10 Dues		_____
11 S.A.C.		_____
12 401k Plan		_____
13 Total Adjustments		_____
TOTAL DUE #9 - #13		_____

Total Due: _____
 Your Check Amount: _____
 Check Number: _____
 Prepared By: _____

Reports and payments are due by the 19th of each month, covering payroll period ending in the previous month. Contributions are required for all employees performing work of a nature covered by the Agreement, for all members of Local 4, including owner operators. Further, contributions are due for total payroll hours, including overtime and paid holidays. Payments not received at the Fund Office by the 19th of the month will be assessed interest at the rate of 1% of the total amount due for each month the payment is delinquent.

SSN	Name	Local#	Total Hours	OT Hours	Gross Wages	Dues	SAC	401k
		TOTALS:						

CURRENT PERIOD ADDS / ADJUSTMENTS:

SSN	Date of Birth							
Name		Address: City, State, Zip						
SSN	Date of Birth							
Name		Address: City, State, Zip						
SSN	Date of Birth							
Name		Address: City, State, Zip						