

Pipe Trades Services MN
4461 White Bear Parkway Suite 1
White Bear Lake, Minnesota 55110
Phone#: 651-645-4540

FRINGE BENEFIT REPORT

This Fringe Benefit Report is DUE BY THE 15th of each month. Payments and reports RECEIVED AFTER THE 20th will be assessed liquidated damages at the following rates:

- 1-10 days late= 3% of total fringes paid
- 11 or more late= 10% of total fringes paid

Benefit checks received within 3 business days of the End-of-Month closing dates as posted on the PTSMN Website (www.ptsmn.org) must be paid with a **cashier's check** in order to be processed within that month.

To complete this form:

1. Enter the PREMIUM PAID for each employee during the month being reported.
2. Complete the REPORT SUMMARY page.
3. Add any shortages or liquidated damages from prior months. Include a copy of any variance notice(s) with your payment.

IMPORTANT NOTE:

This pre-listed report reflects only those employees reported the previous month. If the pre-listed report does not accurately reflect the employees working for you during the month being reported, the following action should be taken:

DELETE - The names of employees who have left your employment by lining out their name.

ADD - New employees by entering the name, last four digits of the social security number, and the monthly premium value.

CHANGE - To any information on the report should be entered in ink beside the field to be changed (i.e., name change).

- After completing the form, please make a photocopy of the report for your records, mail the original along with your **check made payable to Pipe Trades Services MN**, 4461 White Bear Parkway, Suite 1, White Bear Lake, MN 55110.
- If you have any questions concerning the completion of this report, please call the Fund Office at (651) 645-4540.

Pipe Trades Services MN

Fringe Benefit Report

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Employer:
CBA:
Phone:

Pay Period From
Pay Period Thru

Receipt NO.
Liquidated Damages If Received After:
For Month Ended:
H&W Month Ended:

Employee Name	SSN	Trade	Local	Premium DUE	Premium PAID
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Totals: _____

Pipe Trades Services MN

Fringe Benefit Report

Employer: _____

CBA: _____

Phone: _____

Pay Period From _____

Pay Period Thru _____

Receipt No. _____

Liquidated Damages If Received After: _____

For Month Ended: _____

H&W Month Ended: _____

Report Summary:

<u>Trade</u>	<u>Rate</u>	<u>STD Hours</u>	<u>OT Hours</u>	<u>DT Hours</u>	<u>SHIFT Hours</u>	<u>TOTAL Contribution</u>
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Grand Totals: _____ _____ _____ _____ _____

I certify the above is a true and complete report of hours worked and that the contributions reflected above are made in conformity with the provisions dealing with contributions to the Funds in the Collective Bargaining Agreement between the Union and Employers who executed the agreement and the Declaration of Trust establishing the Funds

Signature _____ Title _____

Date _____ Check here if there will be no hours to report next month