KANSAS CITY PIPEFITTER LOCAL 533 FRINGE BENEFIT FUND
3100 BROADWAY -- SUITE 805, KANSAS CITY, MISSOURI 64111

AGREEMENT: BUILDING TRADES

_____ (COMPANY NAME)
_____ (address)
_____ (city/state/zip)

REPORT MONTH

NAME OF EMPLOYEE	SSN	CLASS (JNYMN=000 1ST YR APP OR MES=001)	TOTAL HOURS	SAVINGS
		TOTAL		

PHONE: (816)756-3313

DUE DATE By the 10th of the Month
CHECK ONE WHEN APPLICABLE AND RETURN:

_____ NO EMPLOYEES
_____ FINAL REPORT
(DISCONTINUE BILLING)

MAIL 5 COPIES OF REPORT AND CHECK TO:
BANK MIDWEST
PO BOX 26585
KANSAS CITY, MO 64196

FUND	TOTAL HOURS X RATE = AMOUNT DUE		
WELFARE	_____	$7.27	_____
DB PENSION	_____	$5.40	_____
DC PENSION	_____	$3.50	_____
DC EXPENSE	_____	$0.10	_____
DUES	_____	$0.75	_____
EDUCATION	_____	$1.25	_____
IDF	_____	$0.39	_____
PAC	_____	$0.10	_____
TARGET	_____	$0.50	_____
TOTAL	_____	$19.26	_____
SAVINGS	10% of gross wages		_____
TOTAL AMOUNT DUE ON CHECK			_____