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

AGREEMENT: BUILDING TRADES PAGE 1

____________________ (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		$5.10	
DC PENSION		$3.55	
DC EXPENSE		$0.05	
DUES		$0.75	
EDUCATION		$1.25	
IDF		$0.39	
PAC		$0.10	
TARGET		$0.50	
TOTAL		$18.96	
SAVINGS	10% of gross wages		
TOTAL AMOUNT DUE ON CHECK			