

Remittance Report
Plumbers and Pipefitters National Pension Fund
P.O. Box 62031 Baltimore, MD 21264-2031

Contractor Information

	Account #	
	Group	
	Local	
	Work Period	
	Federal I.D. #	

Using This Form

General instructions: Always return this original form and your check made payable to the Plumbers & Pipefitters National Pension Fund (or PPNPF) to the address shown at the top of this form. Make as many copies of this form as needed to report to your local funds/fringes. Do not report multiple job classes/rates on one form. If additional forms are needed, contact the National Pension Fund at (800) 638-7442 and follow the prompts.

Contributions, along with the completed remittance report form, are due to the NPF no later than the 20th of the month following the work month. For example, July work month contributions are due to the NPF no later than August 20th. In the event the 20th falls on a weekend, contributions will be due the following business day.

If your company will be inactive temporarily, then write "No activity this month" on the remittance report form and return it to the NPF. If your company will be inactive for an extended period, please contact the NPF at (800) 638-7442 and follow the prompts.

Front Page: The top section shows your contractor information. Please review this information and report to the National Pension Fund any inaccuracies as soon as possible. The bottom section of the form contains local-specific reporting instructions such as where to mail your local report and check.

Back Page: The top section repeats your contractor information. The center section of the form, labeled Calculations of Contributions, should include total hours and total amount remitted. The bottom section of the form is to report individual member information. If the pre-printed rates or the pre-printed employee information is inaccurate, please contact the National Pension Fund at (800) 638-7442 and follow the prompts. Please remember to sign the form at the bottom of the page.

For Participating Owners: Owners, spouses of owners and/or shareholders may be permitted to participate in the NPF; however, an evaluation must be completed to determine their eligibility. When reporting for owners, please contact the NPF at (800) 638-7442 and follow the prompts. If the NPF is not notified when owners are reported, there may be severe, negative consequences to future pension benefits for those individuals.

The Fund Office uses imaging and automated data extraction to record your company's contribution information. When filling out the form, please print the information using a **black** ink pen, making sure to keep each number within the borders of each block.

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

1	2	3	4	5	6	7	8	9	0
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If you use a pencil or anything other than a black ink pen, the form may not be read by the computer, and the processing of your company's contribution's data may be impacted.

Local-Specific Reporting Instructions

**** USE THIS FORM TO REPORT BUILDING TRADES JOURNEYMEN ****

MAIL SEPARATE CHECK AND ORIGINAL REPORTING FORM TO:
PLUMBERS & PIPEFITTERS NATIONAL PENSION FUND
PO BOX 62031
BALTIMORE, MD 21264-2031

Declaration: The above contractor affirms and declares that it is a party to a written agreement requiring contributions to the Plumbers and Pipefitters National Pension Fund, and also agrees to be bound by the terms of the Fund's Revised Standard Form of Participant Agreement and by the Fund's Agreement and Declaration of Trust, and also certifies that this report includes only employees covered under the terms of a collective bargaining agreement with the United Association, or a United Association local union and does not include a sole proprietor or partner of the contractor.

Contractor Information

	Account #	
	Group	
	Local	
	Work Period	
	Federal I.D. #	

Calculation of Contributions	Fund	Total Hrs.	Rate/Hr.	Amount	
	1. National Pension Fund (PPNPF)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	2. International Training Fund (ITF)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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	4.				
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	9.				
	10.				
	11.				
	12.				
13.					

If final report, indicate here: -----> Check number: ----->

Member Information	S.S.N.	Last Name	First Name	Column 1	Column 2	Column 3	Total NPF Hours	
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Total Member Information ----->							<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Prepared by: _____ Phone Number: _____

