

BENEFIT FUNDS - LABORERS LOCAL UNION NO. 1298

NASSAU & SUFFOLK COUNTIES



681 FULTON AVENUE
HEMPSTEAD, N.Y. 11550
Telephone: (516) 489-3644
Fax: (516) 489-0369
Medical Claims Fax: (516) 213-9399



FUND ADMINISTRATOR
ANNALISA C. DEFALCO, ESQ.

FUND OFFICE MANAGER
JAMES E. CORNELL

BOARD OF TRUSTEES
GEORGE F. TRUICKO, JR.
GEORGE S. TRUICKO
JAMES WINSHIP
FRANK DAMIANO, JR.
MARC HERBST
JASON GOLDEN
GREGORY W. COUCH
DONNA DEFEDE

TO: ALL AFFILIATED CONTRACTORS
FROM: LABORERS LOCAL UNION NO. 1298 BENEFIT FUNDS
RE: VOUCHER PROGRAM

In accordance with the terms of your Collective Bargaining Agreement with Laborers Local 1298, please be advised that beginning June 1, 2021 thru May 31, 2022, laborers benefits will be paid as follows:

40 straight time hours.....	\$1,696.00
1 straight time hour.....	42.40
1 overtime hour.....	29.00

Enclosed you will find the Weekly Employee Benefit Order Forms. Benefit Order Forms must be completed and submitted weekly to the Fund Office, with a check for the amount owed or with "Zero hours to report for the week". Purchase Order Forms may be mailed, or delivered in person to the Fund Office.

Should you have any questions, please contact the Fund office at 516-489-3644, ext. 422.

EFFECTIVE JUNE 1, 2021
BELOW IS AN EXAMPLE OF HOW TO CALCULATE
A MEMBER'S WEEKLY TAX DEDUCTIONS:

EMPLOYEE

LABORER - 40 STRAIGHT TIME HOURS
MARRIED - 3 DEPENDENTS

WAGES: 40 HOURS @ CURRENT HR. RATE \$42.62.....	\$ 1,704.80
VACATION 40 HOURS @ \$ 5.00/HR.	\$ 200.00
LEGAL 40 HOURS @ \$.30/HR.	\$ 12.00
WORKING DUES CHECK-OFF @ \$2.76/HR.	\$ 110.40
POLITICAL ACTION FUND @ \$.10/HR.	\$ 4.00
	\$ 2031.20

DEDUCTIONS

FEDERAL WITHHOLDING TAX	\$ 178.17
STATE WITHHOLDING TAX	\$ 105.13
F.I.C.A. @ 0.062	\$ 125.93
MEDICARE @ 0.0145	\$ 29.45
VACATION FUND 40 HOURS X \$5.00	\$ 200.00
LEGAL FUND 40 HOURS X \$.30	\$ 12.00
WORKING DUES CHECK-OFF 40 HOURS X \$ 2.76	\$ 110.40
POLITICAL ACTION FUND 40 HOURS X \$.10	\$ 4.00
	\$ 765.08

TAKE HOME PAY	\$ 1,266.12
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VOUCHER PERIOD JUNE 1, 2021 THRU MAY 31, 2022

INSTRUCTIONS

Complete the enclosed Laborers Local 1298 Benefit Fund Purchase Order Form in the following manner:

Enter the Local Number, Social Security Number, Employee Name, Straight time hours and Overtime hours in the corresponding columns. Add the total number of straight time hours together and multiply by contribution rate. Repeat same process for overtime hours. Add straight time and overtime contribution totals together and remit payment to Benefit Funds, Laborers Local Union No. 1298 (**Remember that the first 40 hours of benefits must be paid at the straight time rate.**)

TEL: (516) 489-3644
FAX: (516) 489-0369

_____ OF _____

**BENEFIT FUNDS - LABORERS LOCAL UNION NO. 1298
NASSAU & SUFFOLK COUNTIES
681 FULTON AVENUE
HEMPSTEAD, N.Y. 11550**



COMPANY NUMBER

Weekly Employee Benefit Order Form

Name of Employer _____
 Address _____
 Submitted by: _____ on _____ Title _____
 For month of _____ 20_____ Covering weeks ending _____ Thru _____
 Job Location _____ Employer Identification # _____

PERIOD JUNE 1, 2021 THRU MAY 31, 2022

LOCAL UNION NO.	SOCIAL SECURITY NUMBER	EMPLOYEE NAME	STRAIGHT TIME HOURS	OVERTIME HOURS
1298	123-45-6780	JOE COOL	40	1
1298	213-45-6798	TOM SOMEBODY	37	
1298	312-45-6798	TOM THUMB	40	9
1298	421-45-6789	TINY TIM	18	

THIS FORM MUST BE FILLED OUT AND SUBMITTED WEEKLY WITH PAYMENT.

TOTAL HOURS	135	10
CONTRIBUTION RATE	\$ X 42.40	\$ X 29.00
BENEFIT AMOUNT	\$5,724.00	\$290.00
TOTAL CHECK AMOUNT	\$6,014.00	

THE FIRST 40 HOURS OF BENEFITS MUST BE PAID AT STRAIGHT TIME RATE.

NUMBER OF EMPLOYEES ON ALL SHEETS

4

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NASSAU & SUFFOLK COUNTIES

681 FULTON AVENUE

HEMPSTEAD, N.Y. 11550

TELEPHONE (516) 489-3644 EXT. 422

FAX (516) 489-0369



COMPANY NUMBER

EMPLOYER _____ **WORK WEEK** _____

ADDRESS _____

_____ **PHONE** _____

CITY _____ **STATE** _____ **ZIP** _____

PERIOD JUNE 1, 2021 THRU MAY 31, 2022

LOCAL UNION NO.	SOCIAL SECURITY NUMBER	EMPLOYEE NAME	STRAIGHT TIME HOURS	OVERTIME HOURS

**THIS FORM MUST BE FILLED
OUT AND SUBMITTED WEEKLY
WITH PAYMENT.**

TOTAL HOURS		
CONTRIBUTION RATE	\$ X 42.40	\$ X 29.00
BENEFIT AMOUNT		

**TOTAL CHECK
AMOUNT** _____

**NUMBER OF
EMPLOYEES ON
ALL SHEETS** _____

THE FIRST 40 HOURS OF BENEFITS MUST BE PAID AT STRAIGHT TIME RATE.

MAKE REMITTANCE PAYABLE TO BENEFIT FUNDS, LABORERS LOCAL UNION NO. 1298

MONIES TO BE ALLOCATED

\$ 11.52 PER HR TO WELFARE FUND	\$.10 N.Y. HEALTH & SAFETY FUND	\$ 5.00 PER HOUR VACATION FUND
13.84 PER HR TO PENSION FUND	.15 PER HOUR LECET	7.40 PER HOUR ANNUITY FUND
.30 PER HR TO LEGAL FUND	.10 POLITICAL ACTION FUND	2.76 DUES CHECK OFF
	.35 INDUSTRY PROMOTIONAL FUND	.88 JOINT & APPRENTICESHIP TRAINING FUND

IN COMPLETING THIS FORM PLEASE NOTE:

- 1) THE MONIES FOR THE VACATION, PAF, LEGAL AND DUES CHECK OFF FUND ARE DEDUCTED FROM THE EMPLOYEES WAGES AFTER TAXES.
- 2) FOR ASSISTANCE IN COMPLETING THIS FORM, CONTACT THE BENEFIT FUND AT 516-489-3644, EXT. 422.

PLEASE TAKE NOTE:

Contractors are responsible for a \$40 charge per incident, when a check presented to the Local 1298 Clearance Account Fund ("Fund") has been dishonored for any reason. This charge is in addition to any charge assessed by a bank. Under General Obligations Law §11-104, the Fund also reserves the right to seek criminal and civil penalties against you. Civil penalties (liquidated damages) may equal twice the face amount of the check, up to \$750, in addition to the original amount.

Signature: _____

Title: _____ **Date:** _____