

# 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  
DONNA DEFEDE  
PHILIP BEYER

**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, 2023 thru May 31, 2024, laborers benefits will be paid as follows:

40 straight time hours.....	\$1,803.20
1 straight time hour.....	45.08
1 overtime hour.....	29.99

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, 2023**  
**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 \$45.49.....	\$ 1,819.60
VACATION 40 HOURS @ \$ 5.60/HR. ....	\$ 224.00
LEGAL 40 HOURS @ \$ .30/HR.....	\$ 12.00
WORKING DUES CHECK-OFF @ \$2.85/HR.....	\$ 114.00
POLITICAL ACTION FUND @ \$ .10/HR.....	\$ 4.00
PAID FAMILY LEAVE @ \$ .25/HR.....	\$ 10.00
	\$2,173.60

**DEDUCTIONS**

FEDERAL WITHHOLDING TAX.....	\$ 210.68
STATE WITHHOLDING TAX .....	\$ 115.85
F.I.C.A. @ 0.062 .....	\$ 135.38
MEDICARE @ 0.0145.....	\$ 31.66
VACATION/SICK FUND 40 HOURS X \$5.60 .....	\$ 224.00
LEGAL FUND 40 HOURS X \$ .30.....	\$ 12.00
WORKING DUES CHECK-OFF 40 HOURS X \$ 2.85.....	\$ 114.00
POLITICAL ACTION FUND 40 HOURS X \$ .10.....	\$ 4.00
PAID FAMILY LEAVE 40 HOURS X \$ .25.....	\$ 10.00
	\$ 857.57

TAKE HOME PAY..... \$ 1,316.03

**VOUCHER PERIOD JUNE 1, 2023 THRU MAY 31, 2024**

**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, 2023 THRU MAY 31, 2024**

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.**

<b>TOTAL HOURS</b>	<b>135</b>	<b>10</b>
<b>CONTRIBUTION RATE</b>	<b>\$ X 45.08</b>	<b>\$ X 29.99</b>
<b>BENEFIT AMOUNT</b>	<b>\$6,085.80</b>	<b>\$299.90</b>
<b>TOTAL CHECK AMOUNT</b>	<b>\$6,385.70</b>	

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

<b>NUMBER OF EMPLOYEES ON ALL SHEETS</b>	<b>4</b>
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**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, 2023 THRU MAY 31, 2024**

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

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

<b>TOTAL HOURS</b>		
<b>CONTRIBUTION RATE</b>	<b>\$ X 45.08</b>	<b>\$ X 29.99</b>
<b>BENEFIT AMOUNT</b>		

**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**

\$ 12.94 PER HR TO WELFARE FUND	\$ .10 N.Y. HEALTH & SAFETY FUND	\$ 5.60 PER HOUR VACATION/SICK FUND
13.84 PER HR TO PENSION FUND	.15 PER HOUR LECET	7.70 PER HOUR ANNUITY FUND
.30 PER HR TO LEGAL FUND	.10 POLITICAL ACTION FUND	2.85 DUES CHECK OFF
	.35 INDUSTRY PROMOTIONAL FUND	.90 JOINT & APPRENTICESHIP TRAINING FUND
		.25 PAID FAMILY LEAVE

**IN COMPLETING THIS FORM PLEASE NOTE:**

- 1) THE MONIES FOR THE VACATION/SICK, PFL, 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: \_\_\_\_\_