

## Employer Bulletin

We are happy to provide you with the first issue of the Laborers' *Employer Bulletin*. This bulletin is intended to help employers with the monthly reporting and payment processes. In addition, it will advise you of certain procedures and other information needed to correctly submit your monthly contribution reporting form.

The *Employer Bulletin* will be inserted with the monthly Combined Employer Report of Contributions Form once each quarter. If you would like to direct an additional copy of this bulletin to another person in your organization, please send the e-mail request to [mmartin@norcalaborers.org](mailto:mmartin@norcalaborers.org) with their name, address and e-mail address.

This bulletin is also available at: [www.norcalaborers.org](http://www.norcalaborers.org).

## WEB ERF

### What Is It?

**Web ERF** is an online Contribution Reporting Form.

This convenient method for submitting monthly employer reports of contributions is available to all employers who want to simplify the process by submitting contributions online.

Web ERF is a secure method of submitting information and contributions to our office. Simply go online and enter your information into a template or upload the information from an excel spreadsheet. Web ERF calculates your amount due, then you choose the contribution payment method: check or Electronic Funds Transfer (EFT). Another nice feature of Web ERF is that the information you submit online remains in your history for future access.

To enroll or get more information about Web ERF, contact the Fund Office at 707-864-2800 and speak with Lori Turnquist x240 or Bill Easley x220.

## Family Medical Leave Act Compliance

The Act requires employers with 50 or more employees to grant leaves of absence of up to 12 weeks in a year to eligible employees for family or medical leave. One of the Act's main provisions requires employers to continue to provide eligible employees with health coverage during a leave of absence.

The Health and Welfare Fund has established the following policy to provide coverage to eligible employees for family or medical leave.

1. It is the employer's responsibility to notify employees of their rights under the Act.
2. Employer contributions for employees on leave are to be remitted on the same monthly reporting form used to remit contributions on behalf of other employees and are due on the same date. The names of employees on leave should be marked "FMLA."
3. It is not the Fund's responsibility to maintain coverage for employees on leave whose employers have not made the required contributions.
4. Employees will receive health coverage on the same basis as other Fund participants.
5. Employers will contribute a monthly amount per FMLA employee based on the current hourly contribution rate multiplied by 173 hours (Health and Welfare hours only).

If you have any questions about your obligations to the Trust Fund regarding the Family and Medical Leave Act, please contact the Employer Accounts department at the Fund Office.

# Completing a Contribution Report Form



## COMBINED EMPLOYER REPORT OF CONTRIBUTIONS

THIS REPORT IS DUE AND PAYABLE ON OR BEFORE THE 15TH DAY FOLLOWING THE MONTH IN WHICH EMPLOYMENT OCCURED

Mail the completed form and your **check** to the **bank** before the 15th of each month.

SEND CHECK AND ORIGINAL OF THIS REPORT TO:  
**Laborers Trust Funds for Northern California**  
**P. O. Box 882913**  
**San Francisco, CA 94188-2913**

(2) REPORT FOR  
 MONTH OF: \_\_\_\_\_

BY SUBMITTING THIS REPORT THE UNDERSIGNED CERTIFIES THAT THE INFORMATION CONTAINED ON THIS SHEET AND ALL CONTINUATION SHEETS IS CORRECT; THAT ALL COMPENSATED HOURS PAID TO LABORERS EMPLOYED BY THE UNDERSIGNED DURING THE PERIOD COVERED ARE REPORTED HEREIN; THAT THE UNDERSIGNED IS BOUND BY, AND ALL PAYMENTS REPORTED HEREIN ARE MADE UNDER AND PURSUANT TO THE LABORERS MASTER AGREEMENT, THE LABORERS MASTER TUNNEL AGREEMENT AND/OR ANY OTHER WRITTEN AGREEMENTS APPLICABLE TO THE FUNDS AS REQUIRED BY SECTION 302(C)(5)(B) OF THE LABOR MANAGEMENT RELATIONS ACT; THAT ALL PERSONS REPORTED ARE EMPLOYEES OF SUCH EMPLOYER WITHIN THE MEANING OF THAT ACT AND ERISA; THAT THE DEPOSITORY BANK IS AUTHORIZED BY THE UNDERSIGNED TO TRANSFER THE MONEYS REMITTED HEREWITH TO THE APPROPRIATE FUNDS OR ESCROW ACCOUNTS IN ACCORDANCE WITH INSTRUCTIONS ISSUED BY THE APPROPRIATE BOARDS OF TRUSTEES, OR BARGAINING AGENTS AND THAT THIS REPORT, WHETHER OR NOT SIGNED IN THE SPACE PROVIDED BELOW, IS BEING SUBMITTED BY THE EMPLOYER OR A DULY AUTHORIZED REPRESENTATIVE OF THE EMPLOYER.

(1) EMPLOYER'S NAME, ADDRESS AND IDENTIFICATION NUMBER

Your name, address, and ID are pre-printed here. If correction is needed, contact the A/R department.

✓ Check this box, sign your name and send your report to the Fund office when no hours are compensated.

IF NO LABORERS WERE EMPLOYED DURING THE MONTH, CHECK HERE  SIGN AND RETURN.

Fill in hours and calculate the contribution for **each** Fund.

(3) SIGNATURE \_\_\_\_\_  
 TITLE \_\_\_\_\_ DATE \_\_\_\_\_

FUND OR ESCROW ACCOUNTS	(4) TOTAL HOURS	RATE PER HR.	(5) EMPLOYER CONTRIBUTION	(4) ADJUSTMENTS (EXPLAIN IN DETAIL)	(7) AMOUNT
A. VACATION - HOLIDAY	5	2.28	11.40	(A)	11.40
B. PENSION	5	4.11	20.55	(B)	20.55
C. HEALTH AND WELFARE	5	5.54	27.70	(C)	27.70
D. TRAIN-RETRAIN / L.E.C.E.T.	5	.34	1.70	(D)	1.70
E. CONTRACT ADMINISTRATION	5	.08	.40	(E)	.40
F. ANNUITY	5	1.01	5.05	(F)	5.05
G. INDUSTRY STABILIZATION	5	.11	.55	(G)	.55

MAKE CHECK PAYABLE TO:  
 Laborers Trust Funds

ENCLOSE ONE CHECK FOR THIS TOTAL AMOUNT >>

**SAMPLE FORM**

Rates per hour do not apply to everyone.

Verify final total amount, then write a check for that amount calculated.

67.35

The following guidelines for completing a Combined Employer Report of Contributions will help save time and insure that your report and payment are received timely.

- Mail your check and the completed form to the **BANK** in the enclosed bank envelope on or before the 15th day of the month following the close of each month.
- Report all hours whether straight time or overtime. Only report employees that perform Laborers work (see collective bargaining agreement.)
- Report total hours compensated for each employee during the payroll periods ending within the month.
- Report supervisory personnel, above the rank of foreman, covered under the Funds on the basis of 170 hours per month.
- Total of hours reported for all pages must agree with the grand total hours used for calculation.
- Adjustments must be written on a separate sheet of paper. Include employee name, social security number, and the adjustment that pertains to each individual.
- Sign the report, enter your title and the date that the report is signed.
- Keep a copy of this report in your office.
- *Submit monthly report even if you have no hours to report; simply check the box, sign and date the form.*