SOUTHEASTERN IRON WORKERS
HEALTH CARE PLAN
LOCAL 597

Contractor _____

Address _____

_____ Zip Code _____

Telephone _____ Fed. I.D. No. _____

Job and Location _____

Report for Month Ending _____

☐ If you need more forms, please check here.

☐ Please check here if you employed no men during this payroll period and submit this report.

☐ Check here if Final Report.

☐ Check here if new address

Participant Name	Social Security Number	Hours Worked	Job Classification

SEIW Health Care Plan	Total Hours Worked:		X	$5.75	=	$

Total Health Fund Amount $ _____

- Report and contributions are due in the Fund Administrator's Office by the 15th day of the month following the work month. Interest will be assessed in accordance with the procedure outlined in the Collective Bargaining Agreement.
- Make check payable to: **Southeastern Iron Workers Health Care Plan** and mail report along with your check to Southern Benefit Administrators Inc., P.O. Box 1449, Goodlettsville, TN 37070-1449. Please retain a copy for your records.

We certify this report to be true and correct and hereby accept and agree to abide by the terms and provisions as set forth in the Agreements and Declarations of Trust.

_____ _____

Authorized Signature Date

White-Administration Copy Yellow-Union Copy Pink-Employer Copy

IRONWORKERS L.U. 597 ESCROW ACCOUNT

Journeymen

BLACK FORM

FOR OFFICIAL USE ONLY

Contractor _____

Address _____

_____ Zip Code _____

Telephone _____ Ident. No. _____

Job and Location _____

Report For Month Ending _____

EMPLOYEE'S NAME Last First Init.	SOCIAL SECURITY NO.	Total Hours Worked (Including Overtime)	Gross Taxable Wages	Working Assessment Deduction
	| |		$	$
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	| |			
CORRECT SOCIAL SECURITY NUMBER MUST BE SHOWN	**TOTALS**		$	$

CONTRIBUTION SCHEDULE – Effective the first full payroll period in April, 2021

Make check payable and mail with Original and one copy to:
IRON WORKERS LOCAL NO. 597 ESCROW ACCOUNT
P.O. Box 918754, Orlando, Florida 32891-8754

Pension Plan _____ @ $ 4.75 per hr. $ _____

JAC Fund _____ @ $ 0.98 per hr. $ _____

IMPACT _____ @ $ 0.17 per hr. $ _____

District Council Fund _____ @ $ 0.02 per hr. $ _____

IPAL _____ @ $ 0.05 per hr. $ _____

Organizing Fund _____ @ $ 0.35 per hr. $ _____

* Total Working Assessment @ 4% of $_____ (Gross Wages) $ _____

Total Remitted Herewith ..... $ _____

* The full Working Assessment and Southeastern Iron Workers District Council contributions shall be withheld after Income Tax and Social Security Payments have been made on the Employee's Gross Wages.

Your check should reach the Escrow Account by the 15th of the month following the month covered by this report.

☐ If you need more forms, please check box and enter number of sets needed.

☐ Please check here if you employed no men during this payroll period and Submit this report.

☐ Final Report.

CAUTION. READ BEFORE SIGNING

The undersigned employer, by signing this form, acknowledges the above is true and correct and that he or it is bound to all terms and provisions of the current collective bargaining agreement in existence as negotiated by the undersigned individual firms and corporations engaged in the general contracting business and Iron Workers L.U. 597 of the International Association of the Bridge, Structural and Ornamental Iron Workers. Any false statement or representation made in reporting on this form may subject you to prosecution under 18 U.S.C. 1027, the penalty for which is a fine of $10,000 or imprisonment of five years or both.

_____

Authorized Signature Date

REPORT TO BE MAILED MONTHLY

EMPLOYER: RETAIN LAST COPY FOR YOURSELF

IRONWORKERS L.U. 597 ESCROW ACCOUNT

1st & 2nd Year Apprentices

GREEN FORM

FOR OFFICIAL USE ONLY

Contractor _____

Address _____

_____ Zip Code _____

Telephone _____ Ident. No. _____

Job and Location _____

Report For Month Ending _____

EMPLOYEE'S NAME Last	First	Init.	SOCIAL SECURITY NO.	Total Hours Worked (Including Overtime)	Gross Taxable Wages	Working Assessment Deduction
					$	$
CORRECT SOCIAL SECURITY NUMBER MUST BE SHOWN			TOTALS		$	$

CONTRIBUTION SCHEDULE – Effective the first full payroll period in April, 2021

Make check payable and mail with Original and one copy to:
IRON WORKERS LOCAL NO. 597 ESCROW ACCOUNT
P.O. Box 918754, Orlando, Florida 32891-8754

Pension Plan _____ @ $ 0.25 per hr. $ _____

JAC Fund _____ @ $ 0.98 per hr. $ _____

IMPACT _____ @ $ 0.17 per hr. $ _____

District Council Fund _____ @ $ 0.02 per hr. $ _____

IPAL _____ @ $ 0.05 per hr. $ _____

Organizing Fund _____ @ $ 0.35 per hr. $ _____

* Total Working Assessment @ 4% of $_____ (Gross Wages) $ _____

Total Remitted Herewith ..... $ _____

* The full Working Assessment and Southeastern Iron Workers District Council contributions shall be withheld after Income Tax and Social Security Payments have been made on the Employee's Gross Wages.

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☐ Final Report.

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_____
Authorized Signature Date

REPORT TO BE MAILED MONTHLY

EMPLOYER: RETAIN LAST COPY FOR YOURSELF

IRONWORKERS L.U. 597 ESCROW ACCOUNT

3rd & 4th Year Apprentices

VIOLET FORM

FOR OFFICIAL USE ONLY

Contractor _____

Address _____

_____ Zip Code _____

Telephone _____ Ident. No. _____

Job and Location _____

Report For Month Ending _____

EMPLOYEE'S NAME Last First Init.	SOCIAL SECURITY NO.	Total Hours Worked (Including Overtime)	Gross Taxable Wages	Working Assessment Deduction
			$	$
CORRECT SOCIAL SECURITY NUMBER MUST BE SHOWN **TOTALS**			$	$

CONTRIBUTION SCHEDULE – Effective the first full payroll period in April, 2021

Make check payable and mail with Original and one copy to:
IRON WORKERS LOCAL NO. 597 ESCROW ACCOUNT
P.O. Box 918754, Orlando, Florida 32891-8754

Pension Plan _____	@ $ 0.50 per hr.	$ _____
JAC Fund _____	@ $ 0.98 per hr.	$ _____
IMPACT _____	@ $ 0.17 per hr.	$ _____
District Council Fund _____	@ $ 0.02 per hr.	$ _____
IPAL _____	@ $ 0.05 per hr.	$ _____
Organizing Fund _____	@ $ 0.35 per hr.	$ _____
* Total Working Assessment	@ 4% of $_____ Gross Wages	$ _____
Total Remitted Herewith		$ _____

* The full Working Assessment and Southeastern Iron Workers District Council contributions shall be withheld after Income Tax and Social Security Payments have been made on the Employee's Gross Wages.

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_____
Authorized Signature Date

REPORT TO BE MAILED MONTHLY

EMPLOYER: RETAIN LAST COPY FOR YOURSELF

IRONWORKERS L.U. 597 ESCROW ACCOUNT

Probationary Member

RED FORM

FOR OFFICIAL USE ONLY

Contractor _____

Address _____

_____ Zip Code _____

Telephone _____ Ident. No. _____

Job and Location _____

Report For Month Ending _____

EMPLOYEE'S NAME Last	First	Init.	SOCIAL SECURITY NO.	Total Hours Worked (Including Overtime)	Gross Taxable Wages	Working Assessment Deduction
					$	$
CORRECT SOCIAL SECURITY NUMBER MUST BE SHOWN			TOTALS		$	$

CONTRIBUTION SCHEDULE – Effective April, 2021

Make check payable and mail with Original and one copy to:
IRON WORKERS LOCAL NO. 597 ESCROW ACCOUNT
P.O. Box 918754, Orlando, Florida 32891-8754

Pension Fund _____ @ $ 0.25 per hr. $ _____

JAC Fund _____ @ $ 1.13 per hr. $ _____

IMPACT _____ @ $ 0.17 per hr. $ _____

District Council Fund _____ @ $ 0.02 per hr. $ _____

IPAL _____ @ $ 0.05 per hr. $ _____

Organizing Fund _____ @ $ 0.35 per hr. $ _____

* Total Working Assessment @ 4% of $_____ Gross Wages $ _____

Total Remitted Herewith ..... $ _____

* The full Working Assessment and Southeastern Iron Workers District Council contributions shall be withheld after Income Tax and Social Security Payments have been made on the Employee's Gross Wages.

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Authorized Signature Date

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