

# MONTHLY REMITTANCE REPORT

THIS FORM IS EFFECTIVE ON WAGES PAID AFTER 6/1/2011.

TO: **ROOFERS LOCAL #195**  
 Health Accident Pension Admin. Funds  
 6200 State Route 31  
 Cicero, New York 13039  
 315-699-1388

This report and covering contribution must be postmarked **no later than the 15th of the month** following the close of any month in which wages are paid.  
 All remittances must be made by check. No cash will be accepted.  
**\*\*MUST REMIT FORM EVEN IF NO HOURS TO REPORT**

TO: **N.R.I.P.F. - I. R. E. F.**  
 P. O. Box 721680  
 Houston, TX  
 77272-1680  
 1-800-595-7209

\*\*Please check here if you have "No hours" to report.

FOR PAY PERIOD STARTING \_\_\_\_\_ ENDING \_\_\_\_\_  
 NRIPF EMPLOYER NO. \_\_\_\_\_ LOCAL # 195

ROOFER'S NAME	SOCIAL SECURITY NO.	BIRTHDATE	LIST HOURS ONLY						
			NRIPF	PENSION	HEALTH	ANNUITY#1	ANNUITY#2	JATF	LMCC
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
<b>TOTAL HOURS:</b>									

THE UNDESIGNED EMPLOYER WARRANTS THE INFORMATION CONTAINED HEREIN TO BE TRUE AND CORRECT.

NAME	
STREET	
CITY	

BY: \_\_\_\_\_  
 TITLE: \_\_\_\_\_

- Make three separate checks payable to:
1. Roofer Local # 195 HAP - Administrative Account
  2. \*N.R.I.P.F. - Must be submitted by the 15th of the month.
  3. \*\* International Research and Education Fund - Payment is to be mailed with the NRIPF Check
3. Effective 7/1/09 - You may submit one check for all funds, including LMCC.

Fund Office CHECK# \_\_\_\_\_  
 \*N.R.I.P.F. CHECK# \_\_\_\_\_  
 \*I.R.E.F. CHECK# \_\_\_\_\_

**CALCULATION**

	TOTAL HOURS	RATE	AMOUNT DUE	DO NOT USE THIS COLUMN
* N.R.I.P.F.		\$ 2.05		
** I.R.E.F.		\$ 0.02		
PENSION		\$ 2.45		
HEALTH		\$ 6.95		
ANNUITY #1		\$ 1.15		
ANNUITY #2		\$ 2.15		
JATF		\$ 1.97		
JATF-Abatement		\$ 0.75		
LMCC		\$ 0.10		
<b>TOTAL</b>				
		<b>AMOUNT \$</b>		
		<b>AMOUNT \$</b>		
		<b>AMOUNT \$</b>		
		<b>Total Cks</b>		

Check here if employer has any individuals in continued employment that were previously subject to fringe benefit reporting but are no longer.  
 List employees below:

\_\_\_\_\_ By completing and submitting this remittance report and contributions to the Funds, the employer agrees that it is bound by the terms and conditions of the prevailing area collective bargaining agreement with Roofers Local Union No. 195, AFL-CIO, and the Agreements and Declarations of Trust of the Roofers Local 195 Pension, Health and Accident, Annuity and Joint Apprenticeship Training Funds, the Agreement and Declarations of Trust of the N.R.I.P.F., and any restatements or amendments thereof and any policies adopted thereunder.

\_\_\_\_\_ Contributions received after the 20th day of the month for which payments is due are deemed delinquent and are subject to interest and liquidated damages.

\_\_\_\_\_ In the event there were no employees, a report must be filed so indicating. Any false statement or representation made in reporting on this form may subject you to prosecution under 18 U.S.C. S 1027, the penalty for which is a fine or imprisonment of not more than (5) years, or both.

\_\_\_\_\_ The Employer shall identify, and by signing this report certifies that it has identified, any bargaining unit individual who is exercising rights under the Family Medical Leave Act, leaving employment to enter the military service, and/or being reemployed under the Uniform Services Employment and Reemployment Rights Act of 1994.