BUILDING TRADES WELFARE BENEFIT FUND
50 CHARLES LINDBERGH BLVD. SUITE 207
UNIONDALE, NY 11553

Tel: 516-740-5319 icd@dickinsongrp.com Fax: 516- 740-5320

IMPORTANT REMITTANCE NOTICE

Dear Contributing Employer,

Welcome to the Building Trades Benefit Funds. As per your agreement your employees will be covered from the first day of the contract and upon receipt of your first remittance, provided the employees work a minimum of 120 hours in the first month. Thereafter, the coverage will remain enforced as long as the member maintains 120 hours a month. We are enclosing a supply of Benefit Fund Remittance Report for your use. These remittance reports are to be used in making the contributions outlined in your Collective Bargaining Agreement with the Local 363, United Electrical Workers of America, and IUJAT. The agreement requires that you contribute to the **Building Trades Welfare, Annuity, Education Benefit Fund and the Electrician's Retirement Fund** as well as to the **Building Industry Fund** and **United Electrical Workers of America Security Fund.** We call your attention to the attached **"Remittance Instruction Sheet"** to assist you in your calculation of benefits to the **Funds.** All Building Trade Benefit Funds are to be paid as outlined in the instructions and to be submitted to the Fund Office at the above address. Your **Security Fund is payable to the USWA Security Fund** and should be mailed accordingly to them as follows.

USWA Security Fund
138-50 Queens Boulevard
Briarwood, NY 11435

Please note that the Remittance Report form requires that you give us your nine-digit Federal Tax ID Number. The form also requires you to record your "Shop Number". **Your payments are due 60 days following the end of the payroll period. For example, January contributions are due by April 1st.** The shop number is assigned to your company by our computer system. Your shop number appears above. Be sure to include your Shop number on all remittance reports.

We are also enclosing a **Notice of COBRA & Other Qualifying Events form.** This form must be faxed or mailed to the Fund office @ (516) 740-5320 as soon as you know when an employee has terminated employment. The reasons for the termination from employment are shown on the form. Please advise us of this information within **30 days** of the event. It is important that you complete this form every time someone ceases employment. We ask that you make copies of these forms and keep them on file for future use.

Thanking you in advance for your attention and assistance in this matter. Should you have any questions regarding this letter, please do not hesitate to call upon me.

Very truly yours,

Iris Dozier
For the Board of Trustees