

**HAMILTON BRICKLAYERS AND MASONS UNION - NO. 1  
SUPPLEMENTARY UNEMPLOYMENT BENEFIT TRUST FUND**

**This Remittance Sheet - Rates in Effect only until April 30, 2014**

Employers report for 4 or 5 week period ending \_\_\_\_\_

Remitting Employer (Name) \_\_\_\_\_

(Address) \_\_\_\_\_

**IMPORTANT NOTICE: THE HOURS EARNED MUST BE BROKEN DOWN AND STATED UNDER THE WEEK ENDING COLUMNS AS PRINTED BELOW ON THIS REMITTANCE FORM.**

Name of Employee			HOURS EARNED						
Surname	Christian Name (Not Initials)	Social Insurance No.	Week 1 Ending	Week 2 Ending	Week 3 Ending	Week 4 Ending	Week 5 Ending	TOTAL HOURS EARNED	TOTAL HOURS WORKED

<b>SUB Trust Fund</b>	Payable on Total Hours Earned column	x .35 =
<b>Welfare Trust Fund</b>	Payable on Total Hours Earned column	x 3.05 =
<b>Provincial Sales Tax</b>	Payable on Welfare Trust Fund Payment	x 8% =
<b>Local Pension</b>	Payable on Total Hours Earned column	x 3.00 =
<b>Local Dues</b>	Payable on Total Hours Earned column	x .77 =
<b>Local Training Dues</b>	Payable on Total Hours Earned column	x .13 =
<b>Monthly Union Dues</b>	Deducted from employees first pay of the Month - regardless of start week	x \$25.00 =

**Amount of Remittance** \$ \_\_\_\_\_

**Authorized Signature** \_\_\_\_\_

**Make One Cheque Payable To:** Bricklayers & Masons' Union Local #1 Welfare Trust Fund  
 Complete in Duplicate: MAIL TO: 360 James Street North, Suite 101, Hamilton ON L8L 1H5  
 First Copy - mail with cheque Tel (905) 527-8418 Fax (905) 528-8886  
 Second Copy - for your files

**NOTE: THIS REPORT IS DUE BY THE 15<sup>TH</sup> OF THE MONTH FOLLOWING THE MONTH WORKED**

Company has NO Employees for month(s) [ ] We require a supply of forms [ ]