



**TTMGO**

**PROVINCIAL TILE ICI EMPLOYER REPORT**

**BACU CANADA/OPC - TTMGO**

Marble, Tile & Terrazzo, Cement Masons, Resilient Floor Layers and Their Helpers

LOCAL UNION NO.

**5**

COMPLETE, SUBMIT AND ATTACH LOCAL UNION FORM

**CONTRIBUTIONS, REMITTANCES & DEDUCTIONS**

Administrator:  
Global Benefits  
88 St Regis Crescent South, Toronto, ON M3J 1Y8  
Tel.: (416) 635-6000 Fax: (416) 635-6464  
Toll Free: 1-800-663-4500

(PLEASE FILL IN THIS FORM USING A BALLPOINT PEN)

	EMPLOYEE'S NAME (PLEASE PRINT SURNAME FIRST)	INITIAL	EMPLOYEE'S SOCIAL INSURANCE NUMBER	HOURS EARNED
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

ADMINISTRATOR'S USE ONLY	TOTALS THIS SHEET		
	TOTALS ALL SHEETS		

<b>SECTION 1 - EMPLOYEE DEDUCTIONS</b>		<b>SECTION 3 - EMPLOYER REMITTANCE</b>	
BACU CHECK-OFF (Refer to back of form)		TTMGO (Refer to back of form)	
Total Hours . . . . .x \$	\$ . . . . .	Total Hours . . . . .x \$	\$ . . . . .
Adjustments if any . . . . .	\$ . . . . .	Adjustments if any . . . . .	\$ . . . . .
(1) Total Employee Contributions . . . . .	\$ . . . . .	Total Employer Contributions . . . . .	\$ . . . . .

<b>SECTION 2 - EMPLOYER REMITTANCE</b>		TOTAL CHEQUE FOR SECTION 3 . . . . . \$ . . . . .
MEMBERS PENSION TRUST		SEND CHEQUE for SECTION 3 Payable to "Global Benefits in Trust" Together with canary remittances and any attachments and mail to:  <b>GLOBAL BENEFITS</b> 88 St Regis Crescent South, Toronto, ON M3J 1Y8
Current Members Pension (Total Hours) . . . . .x \$	\$ . . . . .	
Pension Stabilization . . . . .	\$ . . . . .	
Adjustments if any . . . . .	\$ . . . . .	
(2) Total Pension . . . . .	\$ . . . . .	

WELFARE BENEFITS TRUST FUND (Local 5, 10, 12 & 23 - Refer to back of form)		This is Sheet No. . . . . of . . . . . Sheets	
Benefits (Total Hours) . . . . .x \$	\$ . . . . .	Report for Work Month	
Salaried Workers . . . . .	\$ . . . . .	Employer's Name	
RST - 8% (HST Exempt) of Benefits & Salaried Workers	\$ . . . . .	Address (St. & No.)	
Check - off (Total Hours) . . . . .x \$	\$ . . . . .	City & Province	
Training Fund (Total Hours) . . . . .x \$	\$ . . . . .	Postal Code	Phone No.
Adjustments if any . . . . .	\$ . . . . .	Fax No.	
(3) Total Benefit Fund . . . . .	\$ . . . . .	Email	

TOTAL CHEQUE AMOUNT FOR SECTIONS 1 & 2	
TOTAL FOR ALL SHEETS . . . . . \$ . . . . .	
<b>SEND ONE CHEQUE for SECTIONS 1 &amp; 2</b> together with remittance and any attachments (in triplicate) to:	

PAYABLE TO:  
**BRICK AND ALLIED CRAFT UNION OF CANADA/BACU**

Send this cheque, along with the white & green copies and any other related data (in duplicate) to:

**BACU CANADA**  
180 Attwell Drive, Suite 130, Etobicoke, ON M9W 6A9

Mail pink copy to Local Union covered by this report.  
Retain goldenrod copy for your files.

Employer Instructions: Employers must complete the following

This is our final report for Local reported herein  
Work in Local's area complete  check

Our Company had no employees for Month(s)  
reported herein "Nil Report"  check

Other (specify) \_\_\_\_\_

We require a supply of report forms  check

Local Union form attached  check

I certify that this is a true report of all paid hours during the report month in compliance with this Employers legal obligations under the applicable collective agreement and trust agreements.  
Member of the Office or Firm . . . . . Date . . . . .