



NEW CONSTRUCTION EMPLOYER GUIDE FOR LOCAL UNIONS





NEW CONSTRUCTION EMPLOYER GUIDE FOR LOCAL UNIONS TABLE OF CONTENTS

1. WELCOME LETTER
2. CONTACT LIST
3. WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST
 - a. TRUST AGREEMENTS
 - PARTICIPATION AGREEMENT FOR EMPLOYERS IN THE CONSTRUCTION INDUSTRY INVOLVED ON PROJECT AGREEMENTS
 - EMPLOYER-UNION (E-U) PENSION CERTIFICATION FORM
 - b. INSTRUCTIONS: HOW TO REPORT
 - c. INSTRUCTIONS: HOW TO PAY
 - d. GENERAL WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST INFORMATION

4. HEALTH & WELFARE TRUST FUNDS

a. TRUST AGREEMENTS

- WASHINGTON TEAMSTERS WELFARE TRUST (WEST)
- RETIREES WELFARE TRUST (WEST)
- WASHINGTON TEAMSTERS WELFARE TRUST (EAST)
- MONTANA TEAMSTERS-CONTRACTORS EMPLOYERS TRUST
- NORTHERN CALIFORNIA TEAMSTERS APPRENTICE TRAINING AND EDUCATION TRUST FUND

b. INSTRUCTIONS: HOW TO REPORT

c. INSTRUCTIONS: HOW TO PAY

5. DUE DATES & DELINQUENCY INFORMATION

6. JOB COMPLETION FORM

7. PAYROLL AUDIT INFORMATION

8. FREQUENTLY ASKED QUESTIONS

9. CHECKLIST



Dear Employer:

It is a pleasure to welcome you to the Western Conference of Teamsters Pension Trust and associated Health & Welfare Trust Funds as provided for in the fringe benefit package of the governing agreement for the Project Labor Agreement you are working under.

The enclosed New Construction Employer Guide includes useful information to help familiarize yourself with the Trust Funds, including procedures on reporting your monthly hours to the Trust Funds once you have been assigned an account number and receive reporting forms, remitting contributions and the ramifications if your payment is not received by the due date, a Job Completion Form for notifying the Trusts when your work has been completed and an explanation of future payroll audits performed by the Trusts. *Please note that unincorporated owners and partners are not eligible to personally participate in the Trusts.*

We look forward to providing you with the guidance necessary to help you every step of the way.

The Health & Welfare Trust Funds included in this guide are only those that are administered by Northwest Administrators. For Health & Welfare Trust Funds that are not included in the guide, please refer to the enclosed Contact List which includes contact information for your use if you have any questions.

TRUST FUNDS CONTACT LIST

Western Washington - AGC

Trust Funds	Administered By	Telephone Number	Contacts	Department	Email Address
WCTPT	Northwest Administrators	(800) 458-3053	Sara Greenman	Contracts	sgreenman@nwadmin.com
Washington Teamsters Welfare Trust	Northwest Administrators	(800) 458-3053	Sara Greenman	Accounting	sgreenman@nwadmin.com
Apprenticeship & Training Trust	Northwest Administrators	(800) 458-3053	Sara Greenman	Accounting	sgreenman@nwadmin.com
NW Fair Contracting	Northwest Administrators	(800) 458-3053	Sara Greenman	Accounting	sgreenman@nwadmin.com
Retirees Welfare Trust	Northwest Administrators	(800) 458-3053	Sara Greenman	Accounting	sgreenman@nwadmin.com

Eastern Washington - Inland NW AGC

Trust Funds	Administered By	Telephone Number	Contacts	Department	Email Address
WCTPT	Northwest Administrators	(800) 458-3053	Sara Greenman	Contracts	sgreenman@nwadmin.com
Washington Teamsters Welfare Trust	Northwest Administrators	(800) 458-3053	Sara Greenman	Accounting	sgreenman@nwadmin.com
Apprenticeship & Training Trust	Northwest Administrators	(800) 458-3053	Sara Greenman	Accounting	sgreenman@nwadmin.com

Oregon - AGC

Trust Funds	Administered By	Telephone Number	Contacts	Department	Email Address
WCTPT	Northwest Administrators	(208) 898-7506	Daniel Denato	Contracts	ddenato@wctpt.com
		(206) 753-1022	Stacey Smith	Accounting	ssmith@wctpt.com
OTET (Teamsters H&W Trust Fund)	Wm C Earhart Co.	(503) 282-5581			

Nevada - AGC

Trust Funds	Administered By	Telephone Number	Contacts	Department	Email Address
WCTPT	Northwest Administrators	(208) 898-7506	Daniel Denato	Contracts	ddenato@wctpt.com
		(626) 463-6035	Chris Petty	Accounting	cpetty@wctpt.com
Local 631 Security Fund for So. Nevada	Benesys	(702) 415-2185			
Training Trust	Benesys	(702) 415-2185			

Utah Heavy & Highway Master Agreement (General Construction)

Trust Funds	Administered By	Telephone Number	Contacts	Department	Email Address
WCTPT	Northwest Administrators	(208) 898-7506	Daniel Denato	Contracts	ddenato@wctpt.com
		(206) 753-1022	Stacey Smith	Accounting	ssmith@wctpt.com
Utah-Idaho Teamsters Security Fund	Southwest Service Administrators (SSA)	(801) 440-3929	Nick Mower		nmower@ssatpa.net
Utah-Idaho Teamster Retirees' Fund	Southwest Service Administrators (SSA)	(801) 440-3929	Nick Mower		nmower@ssatpa.net
Utah AGC Teamsters Joint Training & Apprenticeship Trust	Southwest Service Administrators (SSA)	(801) 440-3929	Nick Mower		nmower@ssatpa.net

Montana - MCA AGC

Trust Funds	Administered By	Telephone Number	Contacts	Department	Email Address
WCTPT	Northwest Administrators	(208) 898-7506	Daniel Denato	Contracts	ddenato@wctpt.com
		(206) 753-1022	Stacey Smith	Accounting	ssmith@wctpt.com
Montana Teamsters Contractors Employers Trust	Northwest Administrators	(626) 463-6039	LaWanna Jones	Contracts	ljones@nwadmin.com
		(866) 312-4593	Stephanie Dine	Accounting	sdine@nwadmin.com

TRUST FUNDS CONTACT LIST

Northern California - AGC

Trust Funds	Administered By	Telephone Number	Contacts	Department	Email Address
WCTPT	Northwest Administrators	(208) 898-7506	Daniel Denato	Contracts	ddenato@wctpt.com
		(650) 827-2124	Jim Helmers	Accounting	jhelmers@wctpt.com
Teamsters Benefit Trust H&W Trust Fund for Northern CA	Lipman Insurance Administrators	(800) 533-0119			
Teamsters Benefit Trust Retirement Security Plan (RSP)	Lipman Insurance Administrators	(800) 533-0119			
Nor-Cal Training Trust	Northwest Administrators	(626) 463-6039	LaWanna Jones	Contracts	ljones@nwadmin.com
	Northwest Administrators	(206) 329-4900	Shemina Jaffer	Accounting	sjaffer@nwadmin.com

Southern California - AGC

Trust Funds	Administered By	Telephone Number	Contacts	Department	Email Address
WCTPT	Northwest Administrators	(208) 898-7506	Daniel Denato	Contracts	ddenato@wctpt.com
		(626) 463-6035	Chris Petty	Accounting	cpetty@wctpt.com
Construction Teamsters Security Fund for Southern CA	Zenith Administrators	(626) 732-2150			
Teamster Training and Upgrading Fund for Southern CA	Zenith Administrators	(626) 732-2150			

Southern California - Engineering Contractors Association

Trust Funds	Administered By	Telephone Number	Contacts	Department	Email Address
WCTPT	Northwest Administrators	(208) 898-7506	Daniel Denato	Contracts	ddenato@wctpt.com
		(626) 463-6035	Chris Petty	Accounting	cpetty@wctpt.com
Construction Teamsters Security Fund for Southern CA	Zenith Administrators	(626) 732-2150			
Teamster Training and Upgrading Fund for Southern CA	Zenith Administrators	(626) 732-2150			
Construction Teamsters Apprenticeship Fund for Southern CA	Zenith Administrators	(626) 732-2150			

Southern California - Utility Master Agreement

Trust Funds	Administered By	Telephone Number	Contacts	Department	Email Address
WCTPT	Northwest Administrators	(208) 898-7506	Daniel Denato	Contracts	ddenato@wctpt.com
		(626) 463-6035	Chris Petty	Accounting	cpetty@wctpt.com
Construction Teamsters Security Fund for Southern CA	Zenith Administrators	(626) 732-2150			
Teamster Training and Upgrading Fund	Zenith Administrators	(626) 732-2150			

Southern California - AGC - San Diego Chapter

Trust Funds	Administered By	Telephone Number	Contacts	Department	Email Address
WCTPT	NWA	(208) 898-7506	Daniel Denato	Contracts	ddenato@wctpt.com
		(626) 463-6035	Chris Petty	Accounting	cpetty@wctpt.com
San Diego County Construction Teamsters Health & Welfare Plan	Coast Benefits	(800) 886-7750	Melissa Cook		

NEW CONSTRUCTION EMPLOYER GUIDE FOR LOCAL UNIONS

**ALL YOU NEED TO KNOW TO EFFECTIVELY
START YOUR NEW EMPLOYERS**





Western Conference of Teamsters Pension Trust

An Employer-Employee Jointly Administered Pension Plan – Founded 1955

PARTICIPATION AGREEMENT FOR EMPLOYERS IN THE CONSTRUCTION INDUSTRY INVOLVED ON PROJECT AGREEMENTS

The _____ (name of Employer) is a party to the _____ (name of governing Agreement), which covers all work performed by the Employer on the _____ (name of construction project) effective _____ (work start date). The Employer acknowledges an obligation to contribute to the Western Conference of Teamsters Pension Trust ("the Trust") or that portion of such work governed by agreements granting jurisdiction to the International Brotherhood of Teamsters, its Local Unions and Affiliates. By signing this Participation Agreement, the Employer does not intend to waive, modify, or change any of the provisions of the above mentioned Project Labor Agreement as approved for the above mentioned project.

The purpose of the Participation Agreement is to implement Article/Section _____ of the _____ (Name of governing Agreement) Agreement and to serve as the written agreement required by the Labor Management Relations Act of 1947 to permit the various Trust Funds to receive contributions from the Employer on behalf of its employees who are members of Teamsters Local Union(s) Employed by the Employer on the _____ project.

The Employer acknowledges the requirements of the Trust in maintaining consistent rules for identification and collection of employer contributions, and the Employer hereby ratifies and agrees to be bound by all the terms and provisions of:

1. The Agreement and Declaration of Trust and all amendments thereto of the Western Conference of Teamsters Pension Trust Fund.
2. The Policies of the Trustees governing Participation in the Trust, including but not limited to the Trustee Policy on Acceptance of Employer Contributions (set forth on the reverse of this document and incorporated herein).
3. The Policies of the Trustees governing proper identification and collection of contributions.

With the same force and effect as though the Agreement and Declaration of Trust and Policies referred to above were set forth here at length.

The Employer agrees to make payments to the Trust as provided in the _____ (governing document) Agreement as approved for the project, and in the amount specified in the current applicable agreement between the _____ (JC or National) _____ Teamster Committee or other governing body and the recognized employer bargaining entity for all hours worked on the project. The Employer hereby authorizes the Employer Trustees named in the aforesaid Agreement and Declaration of Trust and their successors to act for and on behalf of the Employer.

This Agreement will expire on the completion of all work on the _____ project.

Employer is a: Corporation Partnership Unincorporated Sole Proprietorship
 Limited Liability Company (Indicate Partnership Corporation)

Note: Partners and sole proprietors (unincorporated owners) are ineligible to participate personally in the Trust. This includes partnerships or sole proprietorships structured under a Limited Liability Company.

FOR THE EMPLOYER

FOR THE UNION

ACCEPTED BY THE WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST

BY _____ DATE _____

TRUSTEE POLICY ON ACCEPTANCE OF EMPLOYER CONTRIBUTIONS EFFECTIVE APRIL 1, 1970

(As revised for amendments, extensions and new Pension Agreements effective on or after January 1, 2020)

It is the policy of the Trustees of the Western Conference of Teamsters Pension Trust Fund to accept as Employer Contributions only payments made in accordance with a Pension Agreement that is not detrimental to the Plan. The determination of whether or not a Pension Agreement is detrimental to the Plan shall be made by the Trustees in their sole discretion. However, the list of provisions that follows is furnished as an illustration of those whose inclusion in a Pension Agreement may result in a determination by the Trustees that the Pension Agreement is detrimental to the Plan. It should be noted, however, that the list is not intended as an inclusive list of all such types of provisions.

1. Provisions that limit the employees on whose account contributions are to be made to those above a specific age.
2. Provisions that limit the employees on whose account contributions are to be made to those who will be eligible for retirement within a specified period.
3. Provisions that limit the persons on whose account contributions are to be made to those who have satisfied a specific minimum period of employment or seniority, except that persons performing the work of the bargaining unit may, for a period not to exceed ninety (90) calendar days, be covered under a contribution rate not less than ten (10) cents per hour, including PEER, from their first date of employment or utilization.
4. Provisions that limit the employees on whose account contributions are to be made to those who have worked more than a specified minimum number of hours in a particular period.
5. Provisions that permit contributions on a basis that will produce a contribution less than on all straight time hours worked by the employee, provided that for purpose of this rule paid vacation and paid holiday hours shall be included in straight time hours worked.
6. Provisions which permit or require pension contributions for persons who are not performing the work of the bargaining unit.
7. Provisions which reduce contributions for each compensable hour to less than that which applied prior to any date, except as provided in Number 3 above.
8. Provisions that provide different contribution rates within the same job classification other than during the specified waiting period as defined in Number 3 above. (Different contribution rates for substantially different job descriptions or classifications are permissible as determined by the Trustees in their sole discretion. To illustrate this concept: driver, warehouse, office, mechanic, sales, production would be considered substantially different descriptions/classifications under this provision.)

In administering the foregoing provisions, the Trustees, with regard to the interpretation of these Guidelines, will attempt to accommodate the bona fide needs of the parties to Pension Agreements as long as the Pension Agreements are not detrimental to the Plan. The Trustees, while retaining sole discretion over these issues, invite the parties to Pension Agreements to present proposals to the Trustees in advance of their adoption so that the Trustees may advise the parties on the acceptability of such proposals.

TRUSTEE POLICY ON ACCEPTANCE OF EXTENDED, RENEWED, MODIFIED OR REPLACED PENSION AGREEMENTS WHERE EMPLOYER IS ON REFERRAL TO DELINQUENCY COLLECTION ATTORNEYS

If a Covered Employer has been on referral to the Trust Fund's attorneys for a period of three months or more for collection of delinquent pension contributions due under a Pension Agreement, then the decision of whether to accept as a Pension Agreement any extensions, renewal, modification or replacement of that Pension Agreement shall be made by the Chairman and Co-Chairman/Secretary, acting jointly, rather than by an Area Administrative Office of the Trust Fund.

This Policy shall not apply to an extension, renewal, modification or replacement of a Pension Agreement where the sole reason the Covered Employer is on referral is a delinquency discovered through an examination of the books and records of the Covered Employer by the Trustees or their representatives or resulting from a Trust billing for contribution amounts supplemental to amounts the Covered Employer has reported to the Trust Fund on monthly transmittal report forms.

This Policy is supplemental to, and not in derogation of, the existing authority of the Chairman and Co-Chairman/Secretary to determine whether a collective bargaining agreement or other written agreement qualifies as a Pension Agreement and whether Employer Contributions under such agreement are accepted under the rules and regulations of the Trust Fund.

THE WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST FUND

EMPLOYER – UNION PENSION CERTIFICATION

THE UNDERSIGNED EMPLOYER AND UNION HEREBY CERTIFY THAT A WRITTEN LABOR AGREEMENT IS IN EFFECT BETWEEN THE PARTIES PROVIDING FOR CONTRIBUTIONS TO THE WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST FUND ("TRUST FUND") AND THAT SUCH AGREEMENT CONFORMS TO THE TRUSTEE POLICY ON ACCEPTANCE OF EMPLOYER CONTRIBUTIONS (AS REPRODUCED ON THE REVERSE OF THIS FORM) AND IS NOT OTHERWISE DETRIMENTAL TO THE PLAN. A COMPLETE COPY OF THE LABOR AGREEMENT IS ATTACHED OR, IF NOT YET AVAILABLE, WILL BE FURNISHED TO THE AREA ADMINISTRATIVE OFFICE AS SOON AS AVAILABLE. THE UNDERSIGNED AGREE THAT THE PROVISIONS OF ANY MEMORANDUM OF UNDERSTANDING, SUPPLEMENT, AMENDMENT, ADDENDUM OR OTHER MODIFICATION OF THE LABOR AGREEMENT DIRECTLY OR INDIRECTLY AFFECTING THE EMPLOYER'S OBLIGATION TO CONTRIBUTE TO THE TRUST FUND SHALL NOT BIND THE TRUSTEES UNLESS AND UNTIL A COMPLETE WRITTEN AND SIGNED COPY OF THOSE PROVISIONS IS FURNISHED TO THE AREA ADMINISTRATIVE OFFICE AND ACCEPTED BY THE TRUSTEES, AND FURTHER AGREE TO FURNISH THOSE PROVISIONS TO THE AREA ADMINISTRATIVE OFFICE IN A TIMELY MANNER. IF A NEW PENSION ACCOUNT, THE EMPLOYER AGREES TO PROVIDE THE AREA ADMINISTRATIVE OFFICE WITH COMPLETED PAST EMPLOYMENT DATA FORMS. THE NEGOTIATING PARTIES CERTIFY THAT THIS DOCUMENT HAS NOT BEEN MODIFIED IN ANY MANNER.

NAME OF EMPLOYER _____ NAME OF ASSOCIATION _____
IF AN ASSOCIATION WITH AUTHORITY TO SIGN ON BEHALF OF EMPLOYERS, ATTACH LIST OF NAMES AND ADDRESSES OF EACH SUCH EMPLOYER

STREET ADDRESS _____ CITY, STATE, ZIP CODE _____

EFFECTIVE DATE OF THIS LABOR AGREEMENT _____

IF THIS CERTIFICATION IS SIGNED BY AN ASSOCIATION, THE ASSOCIATION WARRANTS AND REPRESENTS THAT IT HAS WRITTEN AUTHORIZATION FROM EACH LISTED EMPLOYER TO SIGN THIS CERTIFICATION AND TO SIGN THE LABOR AGREEMENT ON BEHALF OF SUCH EMPLOYER (IF THE LABOR AGREEMENT IS NOT SIGNED BY THE EMPLOYER).

INDICATE:

RENEWAL ☐ NEW PENSION ACCOUNT ☐ NEW PENSION ACCOUNT BUT EMPLOYER
PREVIOUSLY MADE PENSION CONTRIBUTIONS ☐
EMPLOYER OWNERSHIP CHANGE ☐ DATE OF CHANGE _____ SELLER _____
EMPLOYER IS PART OF A CONTROLLED GROUP OF CORPORATIONS FOR FEDERAL TAX PURPOSES ☐

NAME OF PARENT COMPANY _____

STREET ADDRESS _____ CITY, STATE, ZIP _____

FOR LABOR AGREEMENT RENEWALS:

INDICATE PENSION ACCOUNT NUMBER(S) _____

EMPLOYER IS A: CORPORATION ☐ PARTNERSHIP ☐ UNINCORPORATED SOLE PROPRIETORSHIP ☐
PUBLIC ENTITY ☐ LIMITED LIABILITY COMPANY ☐ (INDICATE - PARTNERSHIP ☐ CORPORATION ☐
(PARTNERS OR UNINCORPORATED OWNERS ARE INELIGIBLE TO PARTICIPATE PERSONALLY IN THIS TAX-EXEMPT TRUST.)

APPROXIMATE NUMBER OF COVERED EMPLOYEES _____

THE UNDERSIGNED UNION AND EMPLOYER AGREE TO BE BOUND BY THE WESTERN CONFERENCE OF TEAMSTERS AGREEMENT AND DECLARATION OF TRUST AND PENSION PLAN AS NOW CONSTITUTED OR AS HEREFTER AMENDED, AND TO BE BOUND BY THE ACTS OF THEIR RESPECTIVE UNION AND EMPLOYER TRUSTEES OR THEIR SUCCESSORS. THE EMPLOYER AGREES TO PAY THE TRUST FUND THE PENSION CONTRIBUTIONS SPECIFIED IN THE LABOR AGREEMENT WITH THE UNION. THE UNDERSIGNED UNION AND EMPLOYER SHALL BECOME PARTIES TO SAID AGREEMENT AND DECLARATION OF TRUST UPON ACCEPTANCE AS SUCH BY THE TRUSTEES. UPON THE EXPIRATION OF THIS OR ANY SUBSEQUENT LABOR AGREEMENT, THE EMPLOYER AGREES TO CONTINUE TO CONTRIBUTE TO THE TRUST FUND IN THE SAME AMOUNT AND MANNER AS REQUIRED IN THE MOST RECENT EXPIRED LABOR AGREEMENT UNTIL SUCH A TIME AS THE UNDERSIGNED EITHER NOTIFIES THE OTHER PARTY IN WRITING (WITH A COPY TO THE TRUST FUND) OF ITS INTENT TO CANCEL SUCH OBLIGATION FIVE DAYS AFTER RECEIPT OF NOTICE OR ENTERS INTO A SUCCESSOR LABOR AGREEMENT WHICH CONFORMS TO THE TRUSTEE POLICY, WHICHEVER EVENT OCCURS FIRST. SIMILARLY, THE TRUSTEES RESERVE THE RIGHT TO GIVE NOTICE TO THE EMPLOYER AND UNION OF INTENT TO TERMINATE ACCEPTANCE OF FURTHER CONTRIBUTIONS FROM THE EMPLOYER. THE UNDERSIGNED AGREES THAT UPON RENEWAL OF THE LABOR AGREEMENT A COMPLETE COPY OF THE RENEWED LABOR AGREEMENT, INCLUDING MODIFICATIONS TO THE AGREEMENT, WILL BE FURNISHED TO THE AREA ADMINISTRATIVE OFFICE AS SOON AS AVAILABLE; AND, UPON WRITTEN ACCEPTANCE OF THE RENEWED LABOR AGREEMENT BY THE TRUSTEES, THE FOREGOING TERMS OF THE EMPLOYER-UNION PENSION CERTIFICATION SHALL BE APPLICABLE TO SUCH RENEWAL OF THE LABOR AGREEMENT. THE UNDERSIGNED UNION AND EMPLOYER ACKNOWLEDGE RECEIPT OF THE TRUSTEE POLICY ON ACCEPTANCE OF EMPLOYER CONTRIBUTIONS EFFECTIVE APRIL 1, 1970 AND OF THE TRUSTEE POLICY ON ACCEPTANCE OF EXTENDED, RENEWED, MODIFIED OR REPLACED PENSION AGREEMENTS WHERE THE EMPLOYER IS ON REFERRAL TO DELINQUENCY COLLECTION ATTORNEYS.

UNION _____

EMPLOYER _____

BY _____ DATE _____
(SIGNATURE)

BY _____ DATE _____
(SIGNATURE)

(PRINT NAME OF INDIVIDUAL SIGNING)

(PRINT NAME OF INDIVIDUAL SIGNING)

TITLE _____ PHONE NO. _____ TITLE _____ PHONE NO. _____

ACCEPTED BY THE TRUSTEES OF THE WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST FUND.

BY _____ DATE _____

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2. Provisions that limit the employees on whose account contributions are to be made to those who will be eligible for retirement within a specified period.
3. Provisions that limit the persons on whose account contributions are to be made to those who have satisfied a specific minimum period of employment or seniority, except persons performing the work of the bargaining unit may, for a period not to exceed ninety (90) calendar days, be covered under a contribution rate not less than ten (10) cents per hour, including PEER, from their first date of employment or utilization.
4. Provisions that limit the employees on whose account contributions are to be made to those who have worked more than a specified minimum number of hours in a particular period.
5. Provisions that permit contributions on a basis that will produce a contribution less than on all straight time hours worked by the employee, provided that for purpose of this rule paid vacation and paid holiday hours shall be included in straight time hours worked.
6. Provisions which permit or require pension contributions for persons who are not performing the work of the bargaining unit.
7. Provisions which reduce contributions for each compensable hour to less than that which applied prior to any date, except as provided in Number 3 above.
8. Provisions that provide different contribution rates within the same job classification other than during the specified waiting period as defined in Number 3 above. (Different contribution rates for substantially different job descriptions or classifications are permissible as determined by the Trustees in their sole discretion. To illustrate this concept: driver, warehouse, office, mechanic, sales, production would be considered substantially different descriptions/classifications under this provision.)

In administering the foregoing provisions, the Trustees, with regard to the interpretation of these Guidelines, will attempt to accommodate the bona fide needs of the parties to Pension Agreements as long as the Pension Agreements are not detrimental to the Plan. The Trustees, while retaining sole discretion over these issues, invite the parties to Pension Agreements to present proposals to the Trustees in advance of their adoption so that the Trustees may advise the parties on the acceptability of such proposals.

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This Policy shall not apply to an extension, renewal, modification or replacement of a Pension Agreement where the sole reason the Covered Employer is on referral is a delinquency discovered through an examination of the books and records of the Covered Employer by the Trustees or their representatives or resulting from a Trust billing for contribution amounts supplemental to amounts the Covered Employer has reported to the Trust Fund on monthly transmittal report forms.

This Policy is supplemental to, and not in derogation of, the existing authority of the Chairman and Co-Chairman/Secretary to determine whether a collective bargaining agreement or other written agreement qualifies as a Pension Agreement and whether Employer Contributions under such agreement are accepted under the rules and regulations of the Trust Fund.



Instructions for Preparing Pension Reporting Forms

Western Conference of Teamsters Pension Trust

ADMINISTRATIVE OFFICES

Northwest / Rocky Mountain Area

2323 Eastlake Avenue East
Seattle WA 98102-3393
(206) 329-4900

Northern California Area

1000 Marina Boulevard Suite 400
Brisbane CA 94005-1841
(650) 570-7300

Southern California Area

225 South Lake Avenue Suite 1200
Pasadena CA 91101-3000
(626) 463-6100

THIS IS AN INFORMATION BULLETIN issued to assist employers in preparing the reporting forms that accompany their contributions for pension benefits due under labor contracts. These instructions specifically apply to contributions payable to the Western Conference of Pension Trust Fund.

REPORTING REQUIREMENTS

Employers are required to report monthly and to make pension contributions on behalf of each employee performing bargaining unit work. Contributions are due following the month in which the employee is compensated.

You will receive a reporting form from the Administrative Office at the end of each month for which contributions are due. Generally, this form and the contributions for each employee will be due on the 10th of the following month. Please report monthly, even if there are no

employees or contributions due. Liquidated damages, interest, plus attorney fees will be assessed on all delinquencies.

Please mail your check to the address shown on the top left of the reporting form.

If you do not receive your reporting form, please contact the Administrative Office immediately for a replacement form. Contributions are due even if you do not receive your reporting form on time.

PREPARING REPORTING FORMS

General Information

In most cases, when you receive your reporting form, the Administrative Office will have preprinted for you the employer name, employer account number, and the month of employment to be reported. Also, in most cases, the employee name, social security number, local union number, contribution rate and monthly maximum (if applicable) will be prelisted unless the employer requests otherwise.

Pension reporting forms are prelisted and can be sorted in a variety of formats for the employer's convenience:

1. **Name order**
2. **Social Security No. order**
3. **Name order within Plant**
4. **Social Security No. order within Plant**
5. **Name order within Subcode**
6. **Social Security No. order within Local Union**
7. **Subcode order within Plant**

Complete the form in the following manner:

Employer Name

The employer name and address are located

in the upper part of the form. Insert corrections if not preprinted properly, or if there has been a change in the company name or billing address.

Period Covered

Check the month printed in the upper center of the form under the title 'Report For'.

Mailing

Retain the Employer copy of the reporting form for your files. Mail the original with your check for the amount due to the address shown in the upper left corner of the reporting form.

Employee Information

When feasible, using the previous month's reporting form, the Administrative Office will prelist the employee's name, social security number, and local union number:

Determine that the data for the employee is listed correctly. Be sure to correct and/or insert any missing data, otherwise the Administrative Office may list erroneous information every month.

Local Union Numbers

Please include a Local Union number on the reporting form for each employee reported. Local Union numbers provide assistance in crediting your employees with the proper pension contributions.

New Hires

Contributions are due on all new hires commencing with the first compensable hour.

Any employee hired during the month should be added at the end of the list. Show for each the social security number, name, home address, date of birth, sex, local union no., and date of hire. For an employee who both commences and terminates in the same month, show their termination date in addition to the new employee information.

Terminations

If an employee listed was no longer in your employ as of the end of the month, you should show their date of termination in the space provided. If your employees are prelisted, the terminated employees **will not be deleted** until a termination date is provided.

No Employees

If no bargaining unit employees were compensated during the period covered by this report, please return this report with a notation to that effect. Otherwise, the Administrative Office will record a delinquency for that particular month and you may be involved in unnecessary litigation.

Contributions Reported Under Expired Contracts

These reporting forms are generated when our records indicate that your labor agreement has expired. They are identifiable by the "X" printed under the column heading of "CD". The "Total Due for Month" column will be **blank** in this condition. Should you be aware of the terms of the renewed labor agreement, and should the agreement require a rate increase, you may pay at the increased pension rate. If you choose to pay at a higher rate than that printed on the reporting form, please indicate that on the reporting form.

Mid-Month Expired Contract Reporting Forms

If your labor agreement expires other than on the last day of the month, you will receive two reporting forms to report pension contributions during that month. One report will cover the first day of the month through the contract expiration date. The second will cover the period following the expiration date through the end of the month. Please indicate the hours and contributions applicable to each and return **both** reporting forms with your remittance.

Amount Due

When submitting payment, please list the total hours and amount due for each employee covered by the applicable labor agreement who is compensated during the month. **Refer to your labor contract** for the method of calculating the amount of contributions due. For your convenience, this amount will be prelisted if your labor contract calls for a weekly or monthly maximum. In this case, if a different amount is due, please cross off the prelisted figure and write in the correct amount due.

Payment

You should:

- A. Complete the amount items in the upper right corner to compute amount of your check.
 1. The total contribution due for the month should equal the total due for all employees listed.
 2. The second line should show any adjustments of prior periods.
 3. The amount of the check should be the sum of the two above lines.
- B. Send the original along with your check for the amount shown to the address on the upper left of the reporting form by the 10th of the following month.

Payment on Multiple Accounts

Should you remit contributions on multiple accounts with one check, please be sure to indicate the amount due for each account on Page 1 of each report.

This will permit the bank to properly credit your pension account to avoid delinquencies. The information included in these instructions is necessarily general; should you have any specific questions, **either refer to your labor agreement,**

plan document, or you may contact the nearest Administrative Office.

Make Check Payable to

Remittance Address

THE WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST FUND
NORTHWEST/ROCKY MT. AREA

I. IMPORTANT:
Refer to instructions on back of form for Hires and Terminations. Include Social Security numbers for all employees.

Mail check and original to:
Western Conference of Teamsters Pension Trust
P.O. Box 34080
Seattle, WA 98124-1080
(206) 329-4900

EMPLOYER ACCOUNT NUMBER: 411340
WILLIAMS PAVING
ATTN: SALLY GEORGE
PO BOX 43
LYNNWOOD, WA 98046

REPORT FOR: 09/01/18

TYPE: MT 3401768793
PAGE 1 OF 1

EMPLOYER'S MONTHLY REPORT
Total contributions due for month: \$5626.53
Adjustments, etc. (explain below): \$
AMOUNT OF CHECK: \$5626.53

DATE DUE: 10/10/18
EMPLOYER PHONE NUMBER: 425-555-3126

LIQUIDATED DAMAGES (2% PER MONTH) INTEREST AND ATTORNEY FEES WILL BE ADDED ON DELINQUENCIES.

I CERTIFY THAT THE EMPLOYEES LISTED HEREON ARE COVERED UNDER A WRITTEN PENSION AGREEMENT (LABOR CONTRACT) CALLING FOR CONTRIBUTIONS ON THEIR BEHALF, AND THAT THIS LIST INCLUDES ALL SUCH EMPLOYEES AND NO OTHERS.

Authorized Signature: *Sally George*
Date: 10-10-18 Title: *Bookkeeper*

SOCIAL SECURITY ACCOUNT NUMBER	SUB CODE	EMPLOYEE'S NAME LAST NAME INITIAL	LOCAL UNION NUMBER	DATE OF HIRE/TERMINATION	RATE	CD	HOURS	TOTAL DUE FOR MONTH
1 XXX XX XXXX		BART DC	0038		6.97	HA	166 1/2	1160 50
2 XXX XX XXXX		FINCH KT	0038		6.97	HA	160 3/4	1120 43
3 XXX XX XXXX		MICHAEL PA	0038		6.97	HA	160	1115 20
4 XXX XX XXXX		MICHAEL RE	0038		6.97	HA	160	1115 20
5 XXX XX XXXX		QUEAL SM	0038	08/28/2018	6.97	HA	0	
6 XXX XX XXXX		SHULE JR	0038		6.97	HA	160	1115 20
7								
8								
9								
0								
1								
2								
3								
4								
5								

IMPORTANT - NEW EMPLOYEE INFORMATION

SSN: 6-111-1003
NAME: Bill Walker
DATE OF BIRTH: 4/3/1980
ADDRESS: 150 Prospect W
CITY: Seattle
STATE: WA
ZIP: 98109
DATE OF HIRE: 9/05/2018
RATE: 144
TOTAL DUE: 1003.68

ADDITIONAL SPACE FOR NEW EMPLOYEES IS NEEDED PLEASE ATTACH A LIST TO THIS FORM, submitting this document, we agree to be bound by the provisions of the Trust, the Plan and the actions of the Trustees.

FORM 141 NW-2 (9/15)

Total Due for the Month

Hours Compensated for this Month

Due Date

Hourly Contribution Rate

Terminated Employee Enter Date

New Hire Include SSN



A Report to Contributing Employers of **The Western Conference of Teamsters Pension Trust Fund**

Issued October 2021





Why the Western Conference of Teamsters Pension Plan is Right for You and Your Employees

October 2021

Dear Contributing Employer,

When I assumed the role of Chairman of the Employer Caucus of the WCTPT, I pledged to keep you informed of funding and benefit developments and how these might affect your valued employees in achievement of a secure retirement from your company.

I am pleased to report that the Trust is thriving. Trust assets now exceed \$50 billion and the all important Pension Protection Act funded percentage has increased to 93.7%. Contributions from our 1,350 employers are at record levels and over 3 billion dollars in benefits will be paid this year. Recognizing the challenges your businesses face, the Trustees implemented a set of common sense protocols to help weather the pandemic and these have proven very successful.

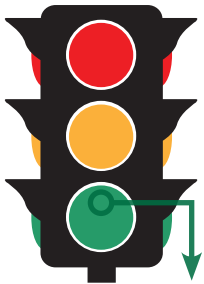
This report will highlight the strengths of the Plan, recent improvements made to benefits at no additional cost to you, and our outlook for the next few years. As always, we welcome your comments and insights.

Edward R. Lenhart
Employer Caucus Chairman

The Plan is Well-Funded and Effectively Manages Risk

Defined Benefit Plans, like the Western Conference of Teamsters Pension Plan, are the most efficient method of providing lifetime retirement income to individuals. Individuals can retire even when markets are down because the benefit promise made by the plan is prefunded. Assets are professionally managed, so employers and participants get the best deal from size and volume. All of this reduces the need to worry about their employees' retirement income and allows employers to focus on their expertise within their industry.

Under the Pension Protection Act of 2006 (PPA), pension plans are required to disclose their funded status each year. Independent actuaries certify each plan's funded status so participants can see its "health" and its likelihood of meeting its benefit promises to existing and future participants and retirees. The PPA created three "zones" that operate like a stoplight.

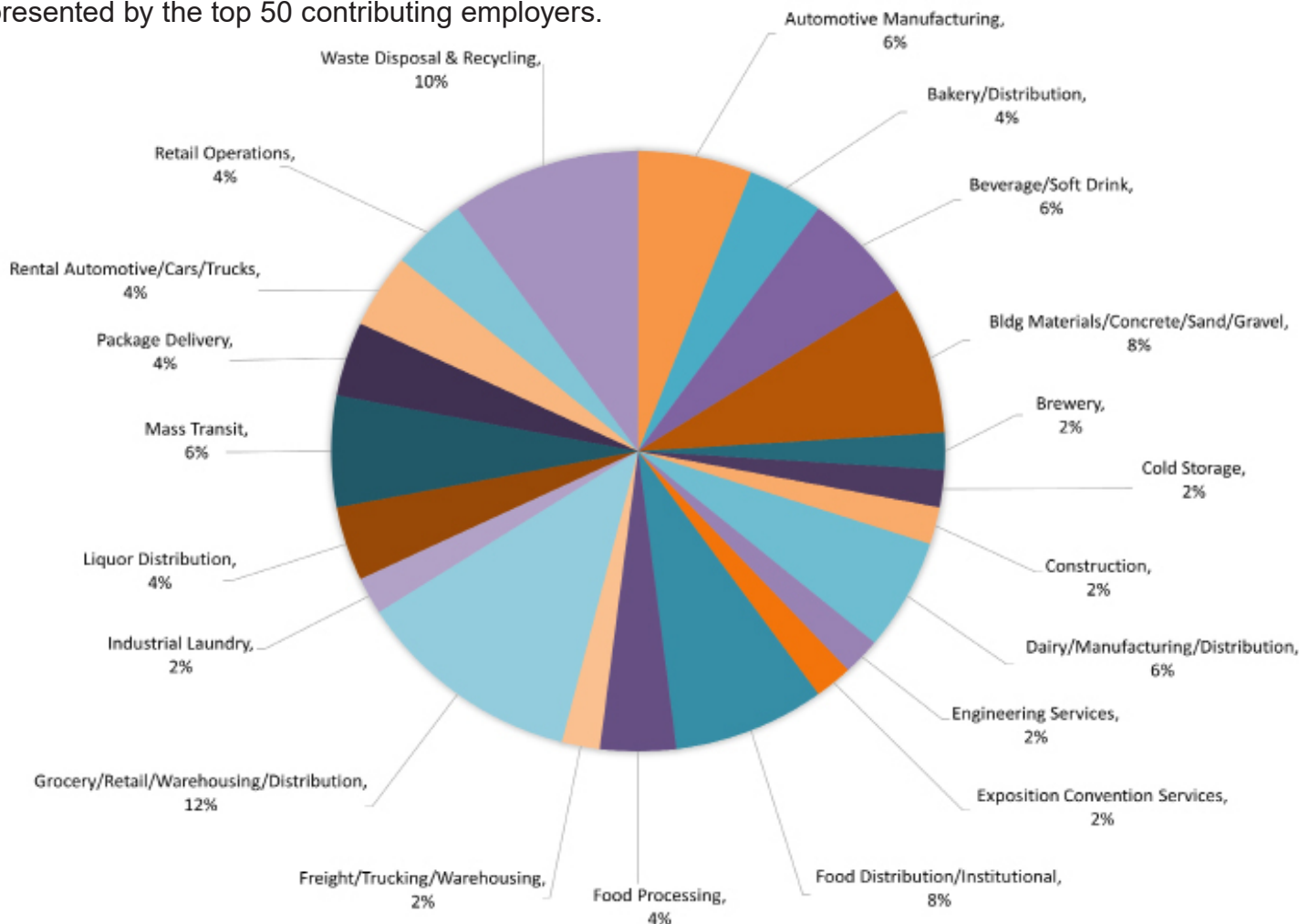


Plans designated in the **Green Zone** are considered "Healthy" and have the highest and safest funding levels. Plans in the **Yellow Zone** are considered "Endangered". Trustees and bargaining parties must take action to improve the funding levels. Plans in the **Red Zone** are considered "Critical". Trustees and plan sponsors are required to take immediate and drastic actions to keep the plan from deteriorating further. These required steps can place a financial burden on employers.

The Western Conference of Teamsters Pension Plan is very well funded (carrying a 93.7% PPA funded percentage for 2021) and has been in the GREEN ZONE every year since the zone concept was introduced!

Industry Diversification Lowers Risk

Because many different employers from different industries contribute to the Plan, financial strength is maintained. This is especially important during economic downturns because the Plan isn't tied to just one or a few industries. The chart below shows the percentage share of the 21 different industries represented by the top 50 contributing employers.

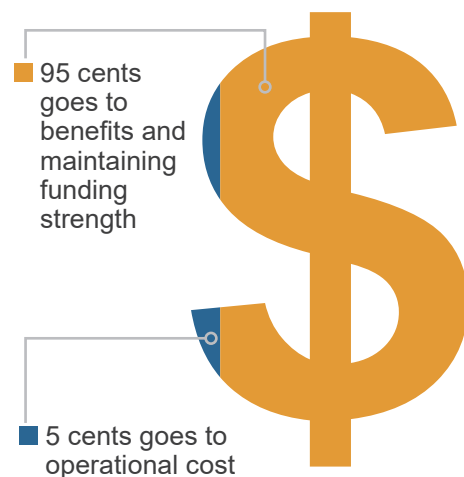


The Plan is Efficiently Managed

The Western Conference of Teamsters Pension Plan is the largest collectively-bargained defined benefit pension plan in the United States, with **assets over \$50 billion**. The Plan's size provides economies of scale that can't be matched by any other retirement program. The Plan obtains the best investment services and administration at net costs well below the average 401(k) or defined contribution program.

By way of example, for every dollar you contribute to the Plan on behalf of your employees, only 5 cents is needed to pay for the operations of the Plan (called General and Administrative Expense). This leaves 95 cents of the contribution dollar, and all investment income, available to pay for benefits and maintain funding strength.

Your Contribution Dollar



Predictable Lifetime Benefits to Ensure a Happy Retirement

Most people lack the interest, time, or financial acumen to undertake all the decisions required to guarantee a safe and secure retirement. It's a daunting challenge to save, select appropriate investments, manage plan costs, and determine how and how much to take in retirement to ensure one does not outlive his or her money. A major advantage of a well-funded defined benefit plan such as the Western Conference of Teamsters Pension Plan is that the Trust handles these concerns for your employees. The Trust hires the best investment managers, administrators, and plan experts to ensure your employees a secure, predictable stream of retirement income, no matter how long participants or beneficiaries may live. This is true regardless of financial market volatility and increasing life expectancies.

People are Living Longer

According to data compiled by the Social Security Administration:

- » A man reaching age 65 today can expect to live, on average, until age 84.1.
- » A woman turning age 65 today can expect to live, on average, until age 86.6.

And those are just averages. About one out of every four 65-year-olds today will live past age 90, and one out of 10 will live past age 95.

One such retiree is Berta who was born in 1913 and began working for a food processor in 1947. In 1971, Berta put in for her retirement and commenced her pension benefits on October 1, 1971. As of September 2021, Berta has received a Western Conference of Teamsters Pension Benefit for 50 years. She is the oldest living pensioner in the Plan at 108 years old.

As of mid-2021, the Plan has over 254 Retirees over the age of 100 and over 8,600 between the ages of 90-99!

The Plan Provides Peace of Mind

The Western Conference of Teamsters Pension Trust Fund provides real retirement security for a lifetime.

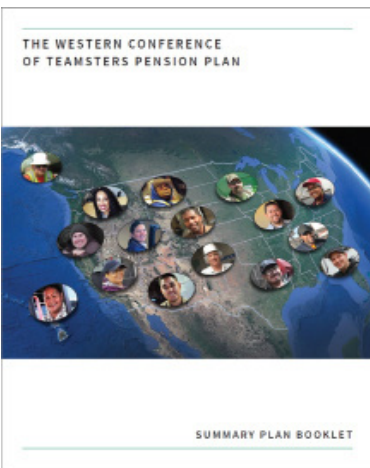
The Plan doesn't just pay traditional retirement benefits. It protects your employees if they become totally and permanently disabled prior to retirement. It also provides both minor child and spousal survivor benefits if an employee dies before or after retirement as well as lump sum death benefits. Plan benefits like these give your employees options for the unexpected life events that are above and beyond what a retirement plan like a 401(k) can provide.

More detailed information about the Plan can be found, in both English and Spanish, in the Summary Plan Booklet and the 2021 Summary of Plan Changes at www.wctpension.org.

You can refer your employees to the following Trust Administrative Offices for questions:

- » Seattle, WA: 800-531-1489
- » Pasadena, CA: 866-648-6878
- » Brisbane, CA: 800-845-4162
- » Portland, OR: 800-845-9040

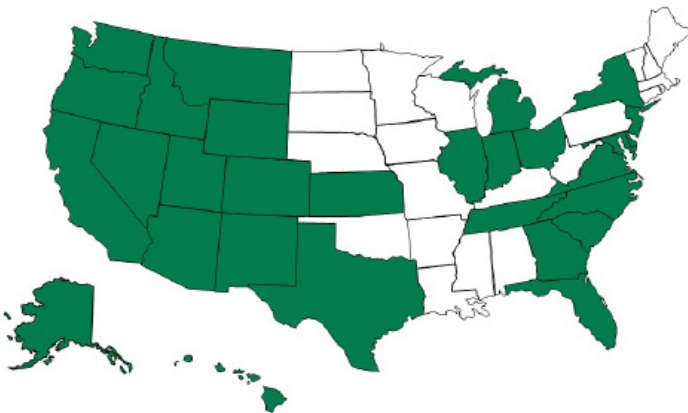
For Employer specific inquiries, please contact Employer Caucus Chairman, Edward R. Lenhart at erlenhart@outlook.com or via Fax at 425-453-4142.



Key Advantages of the Plan for You and Your Employees

- » The Plan continues to be well-funded, retaining its Green Zone status for 2021.
- » The Plan has broad geographic coverage and continues to expand.
- » The industry diversification of contributing employers lowers risk.
- » The Plan is professionally managed and operates with greater efficiency due to its larger size.
- » The Plan assures that your employees don't have to be investment experts to face the future with confidence.
- » The Plan provides a broad array of benefits, including disability benefits, child and spousal survivor benefits, and lump sum death benefits—all of which provide an umbrella of retirement security.
- » The Plan promotes employment longevity.
- » Plan benefits continue throughout your employees' retirement years.
- » Communications from the Plan are transparent. Valuable information for both you and your employees is available on the Plan's website at www.wctpension.org.

The Plan is Expanding Nationwide, Providing Thousands of New Participants True Retirement Security



The Western Conference of Teamsters Pension Plan covers over 223,253 active participants through pension agreements negotiated with more than 1,350 employers. Once limited to the western United States, the Plan is now expanding nationwide. Over 23,000 new participants have joined since 2012, with over 5,600 working for employers outside the West. The states shown in green are where active participants currently receive credit towards benefits.

The Plan Promotes Employee Retention

Pension Plan Benefits are based on years of service, so the longer an employee stays in covered employment, the more the employee will receive in benefits. The Plan's strong performance in recent years allowed for the Trustees to increase the accrual rate by 25% for 2020 and 33% for the 2021 through 2023 Plan years, effectively increasing the retirement benefits at no additional cost to the Employer. Such increases build loyalty, which results in better employee retention, especially in a competitive labor market. One estimate by the Society for Human Resource Management is that it costs a company 6 to 9 months of an average salary to replace an employee. Your contributions to the WCTPT on behalf of your employees can help address this issue.

Frequently Asked Questions from Your Employees

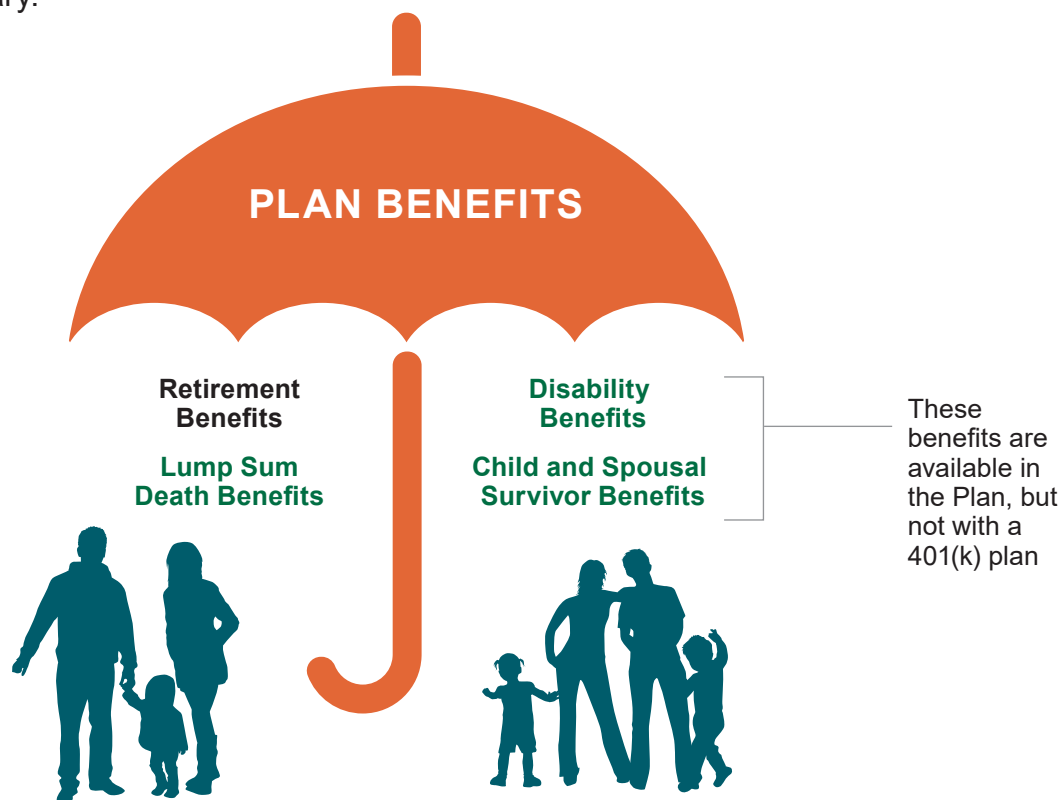
What benefits are provided by the Plan?

The Plan provides more than just lifetime retirement benefits. It protects you if you become totally and permanently disabled before retirement. Whether you die before or after retirement, your Plan can provide monthly income security to your surviving spouse and minor children and substantial lump sum death benefits to your designated beneficiary.*

**Subject to Plan rules*

What determines the amount and length of benefits?

Benefits are based on a percentage of contributions paid into the Plan on your behalf and your age at retirement. Therefore, the longer you stay in covered employment, the more your benefits will grow. Various lifetime payment options are available.



Who makes contributions to the Plan?

Each month, your employer makes contributions for your covered employment based on the contribution rate in your collective bargaining agreement. Employees do not make contributions.

Who makes investment decisions?

A group of investment professionals advise the Board of Trustees.

RETIREMENT SECURITY FOR A LIFETIME



© BCC/IBT 935-M
AMERICAN PENSION

NEW
CONSTRUCTION
EMPLOYER
H&W GUIDE
FOR LOCAL UNIONS

ALL YOU NEED TO KNOW TO EFFECTIVELY
START YOUR NEW EMPLOYERS



WASHINGTON TEAMSTERS WELFARE TRUST SUBSCRIPTION AGREEMENT

COLLECTIVE BARGAINING AGREEMENT PROVIDING FOR PARTICIPATION IN TRUST

The Employer and Labor Organization below are parties to a Collective Bargaining Agreement providing for participation in the above Trust. An enforceable Collective Bargaining Agreement must exist as a condition precedent to participation in the Trust.

Employer Name

Address

City State Zip Code

Labor Organization (Union) Name

Address

City State Zip Code

COLLECTIVE BARGAINING AGREEMENT

The parties' Collective Bargaining Agreement is in effect from: _____ to: _____

☐ New Account ☐ Renewal — Account No. _____ Approximate No. of Covered Employees _____

INFORMATION CONCERNING TYPE OF EMPLOYER'S BUSINESS

Employer EIN (Tax ID No.) _____

Employer is: ☐ Public Entity ☐ Corporation - State of _____ ☐ Partnership ☐ Sole Proprietorship ☐ LLC

If Partnership or Sole Proprietorship, provide name/s of the owner or partners: _____

BENEFIT PLAN(S) DESIGNATED IN COLLECTIVE BARGAINING AGREEMENT

The Collective Bargaining Agreement provides that contributions will be made to the Trust on behalf of all employees for whom the Employer is required to contribute under the Trust Operating Guidelines for the purpose of providing such employees and their dependents with the following benefit plan(s): (The undersigned parties acknowledge the receipt of a copy of the Trust Operating Guidelines which by this reference are made a part hereof.)

COVERAGE IN BARGAINING AGREEMENT (For renewals, list all coverages, not just changes)		Hourly Rate
Medical Plan	B	
Life/AD&D	A - \$30,000 Employee \$3,000 Dependent	
Time Loss	E - \$500/week	
Disability Waivers	Additional 9 months Disability Waiver of Contributions - Medical only	
Dental Plan	A	
Vision Plan	EXT	
Retiree (RWT XL)	(A Retiree's Welfare Trust Subscription Agreement is required)	
TOTAL		

Will there be any coverage changes before the Collective Bargaining Agreement's expiration? ☐ Yes ☐ No. If yes, attach a Subscription Agreement for each change.

EFFECTIVE DATE OF CONTRIBUTIONS - A Subscription Agreement must be submitted in advance of the effective date below.

Contributions above are effective (month, year) _____, 20 _____ based on employment in the prior month.

Important: Coverage is effective in the month following the month in which the contributions are due based on the Trust's eligibility lag month. For example, contributions effective April based on March employment will provide coverage in May.

EXPIRATION OF COLLECTIVE BARGAINING AGREEMENT

Upon expiration of the above-referenced Collective Bargaining Agreement, the Employer agrees to continue to contribute to the Trust in the same amount and manner as required in the Collective Bargaining Agreement until such time as the Employer and the Labor Organization either enter into a successor Collective Bargaining Agreement, which conforms to the Trust Operating Guidelines, or one party notifies the other in writing (with a copy to the Trust) of its intent to cancel such obligation five (5) days after receiving notice, whichever occurs first. The Trust reserves the right to immediately terminate participation in the Trust upon the failure to execute this or any future Subscription Agreement or to comply with the Trust Operating Guidelines as amended by the Trustees from time to time.

For Employer _____ **For Union** _____
Title/Assn _____ Date _____ Title _____ Date _____

ELIGIBILITY TO PARTICIPATE IN TRUST

Eligibility for benefits is determined in accordance with the requirements established in the Collective Bargaining Agreement provided such requirements are consistent with the Trust guidelines. To establish eligibility for benefits, Trust guidelines require that eligible employees must have the required number of hours in a month and have the contractually required contributions paid on their behalf. Eligibility will commence according to the Trust's lag month eligibility rule. Eligibility continues as long as the employee remains eligible, has the contractually required number of hours per month, and has the required contributions made. The Trust, however, will not recognize any contractual provision that conditions continued eligibility on having less than 40 or more than 80 hours in a month. Eligibility will end according to the Trust's policy for employees who do not have the required number of hours and contributions in a month and who do not qualify for an applicable extension of eligibility, if any.

Employees of a participating employer not performing work covered by the Collective Bargaining Agreement may participate in the Trust only pursuant to a written special agreement approved in writing by the Trustees. The Trustees reserve the right to recover any and all benefits provided to ineligible individuals from either the ineligible individual receiving the benefits or the employer responsible for misreporting them (if applicable).

REPORTING OBLIGATION AND CONSEQUENCES OF DELINQUENCY

Employer contributions are due no later than ten (10) days after the last day of each month for which contributions are due. The Employer acknowledges that in the event of any delinquency, the Trust Agreement provides for the payment of liquidated damages, interest, attorney fees, and costs incurred in collecting the delinquent amounts.

TRUSTEES' AUTHORITY TO DETERMINE TERMS OF PLANS

The parties recognize that the detail of the benefit plans provided by the Trust and the rules under which employees and their dependents shall be eligible for such benefits is determined solely by the Board of Trustees of the Trust in accordance with the terms of the governing Agreement and Declaration of Trust (Trust Agreement). The Trustees retain the sole discretion and authority to interpret the terms of the Trust's benefit plans, the plans' eligibility requirements, and other matters related to the administration and operation of the Trust and its benefit plans. The Trustees may modify benefits or eligibility of any plan for the purpose of cost containment, cost management, or changes in medical technology and treatment.

MECHANISM FOR HANDLING CONTRIBUTION INCREASES

The Trustees' authority shall include the right to adjust the contribution rates to support the benefit plans offered by the Trust and to maintain adequate reserves to cover any extended eligibility and the Trust's contingent liability.

The parties recognize that it is the intent of the Trust not to provide employee benefit plans for less than the full cost of any such plan. If the Collective Bargaining Agreement does not provide a mechanism for fully funding the designated benefit plans, the Board of Trustees may substitute a plan then available that is fully supported by the employer's contribution obligations. The disposition of any excess employer contributions will be subject to the collective bargaining process.

ACCEPTANCE OF TRUST AGREEMENT

The Employer and the Labor Organization accept and agree to be bound by the terms of the Trust Agreement governing the Trust, and any subsequent amendments to the Trust Agreement. The parties accept as their representatives for purposes of participating in the Trust the Trustees serving on the Board of Trustees and their duly appointed successors.

Provided, however, that in the event that either Section 2 or 3 of Article VIII of the Trust Agreement is amended to change or modify an Employer's liability as specified therein, such amendment will not be deemed applicable to an Employer until such time as the Employer enters into a successor Collective Bargaining Agreement after the expiration of the Employer's then current Collective Bargaining Agreement.

APPROVAL OF TRUSTEES

This Agreement has been approved by the Board of Trustees of the Washington Teamsters Welfare Trust.

Date _____

Administrative Agent
Washington Teamsters Welfare Trust

WASHINGTON TEAMSTERS WELFARE TRUST

SUBSCRIPTION AGREEMENT GUIDELINES

To participate in the Washington Teamsters Welfare Trust, the bargaining parties must complete a Subscription Agreement and file it with the Trust Administrative Office. Additionally, the bargaining parties are advised of the following general participation and benefit information. See Trust Operating Guidelines for more detailed information.

1. The Subscription Agreement language may not be modified or altered.
2. A Subscription Agreement must be submitted to the Trust Administrative Office for each new or renewed collective bargaining agreement, which provides for participation under the Trust.
3. For new accounts, an enforceable collective bargaining agreement, with contribution requirements and eligibility thresholds for benefits consistent with Trust guidelines, must be submitted prior to the activation of the account.
4. **Contributions for changes in plan benefits or new accounts are effective the first of the month following the date the Trust Office receives the documents in #2 and #3. Trust policy does not allow retroactive changes in contributions or benefits.**
5. A new Subscription Agreement is required for each change in benefits. If a collective bargaining agreement provides for benefit changes subsequent to those listed on the Subscription Agreement submitted to the Trust Office for the new or renewed agreement **and** the changes take effect prior to the termination of the collective bargaining agreement, the bargaining parties are responsible for formally notifying the Trust Administrative Office of the changes; this may be done by completing and submitting another Subscription Agreement, either with the initial agreement or anytime prior to the effective date of the contribution rate changes for the new benefits. Submission of a collective bargaining agreement by itself does not constitute formal notification of changes.

(Please Complete the Entire Subscription Agreement and Tear Off These Guidelines Before Mailing to the Trust Administrative Office)

RETIREE'S WELFARE TRUST

SUBSCRIPTION AGREEMENT

COLLECTIVE BARGAINING AGREEMENT

THE UNDERSIGNED EMPLOYER AND LABOR ORGANIZATION CONFIRM, AS A CONDITION PRECEDENT TO PARTICIPATION IN THE RETIREE'S WELFARE TRUST, THAT THEY ARE PARTIES TO A COLLECTIVE BARGAINING AGREEMENT PROVIDING FOR CONTRIBUTIONS TO BE MADE TO THE TRUST ON BEHALF OF ALL BARGAINING UNIT EMPLOYEES FOR WHICH THE EMPLOYER IS REQUIRED TO CONTRIBUTE. UPON EXPIRATION OF THE CURRENT OR ANY SUBSEQUENT BARGAINING AGREEMENT REQUIRING CONTRIBUTIONS, THE EMPLOYER AGREES TO CONTINUE TO CONTRIBUTE TO THE TRUST IN THE SAME MANNER AND AMOUNT AS REQUIRED IN THE MOST RECENT EXPIRED BARGAINING AGREEMENT UNTIL SUCH TIME AS THE UNDERSIGNED EITHER NOTIFIES THE OTHER PARTY IN WRITING (WITH A COPY TO THE TRUST FUND) OF ITS INTENT TO CANCEL SUCH OBLIGATION FIVE DAYS AFTER RECEIPT OF NOTICE OR ENTER INTO A SUCCESSOR BARGAINING AGREEMENT WHICH CONFORMS TO THE TRUST POLICY ON ACCEPTANCE OF EMPLOYER CONTRIBUTIONS, WHICHEVER OCCURS FIRST. THE PARTIES AGREE TO PROVIDE THE TRUST OFFICE WITH A COPY OF THE CURRENT AND ALL FUTURE COLLECTIVE BARGAINING AGREEMENTS.

RETIREE PLAN (Check one): ☐ RWT-PLUS ☐ RWT-XL

EFFECTIVE DATES OF CURRENT BARGAINING AGREEMENT: ____/____/____ to ____/____/____
If a new Bargaining Agreement, first payment is due the Trust based on hours worked effective ____/____/____

ACCEPTANCE OF TRUST AGREEMENT

THE UNDERSIGNED ACKNOWLEDGE RECEIPT OF A COPY OF THE TRUST AGREEMENT AND TRUST POLICY ON ACCEPTANCE OF EMPLOYER CONTRIBUTIONS (SEE THE BACK OF THIS FORM FOR THE POLICY ON ACCEPTANCE OF EMPLOYER CONTRIBUTIONS), AND ACCEPT AS THEIR REPRESENTATIVES FOR PURPOSES OF PARTICIPATING IN THE TRUST, THE JOINT LABOR AND MANAGEMENT TRUSTEES SERVING ON THE BOARD OF TRUSTEES AND THEIR DULY APPOINTED SUCCESSORS. THE UNDERSIGNED EMPLOYER AND LABOR ORGANIZATION, BY EXECUTION OF THIS SUBSCRIPTION AGREEMENT, CONSENT TO BE BOUND BY THE TERMS OF THE TRUST AGREEMENT GOVERNING THE RETIREE'S WELFARE TRUST, INCLUDING ANY SUBSEQUENT AMENDMENTS THERETO. THE UNDERSIGNED FURTHER ACKNOWLEDGE THAT WITH EACH SUCCESSIVE COLLECTIVE BARGAINING AGREEMENT TO THE ONE IDENTIFIED ABOVE THAT PROVIDES FOR CONTRIBUTIONS TO CONTINUE TO BE MADE TO THE RETIREE'S WELFARE TRUST, THE PARTIES AGREE TO CONTINUE TO BE BOUND BY THE TERMS OF THE TRUST AGREEMENT AND ANY SUBSEQUENT AMENDMENTS THERETO. THIS SUBSCRIPTION AGREEMENT WILL AUTOMATICALLY CONTINUE UNTIL SUCH TIME AS CONTRIBUTIONS ARE NO LONGER REQUIRED TO BE MADE TO THE TRUST UNDER A COLLECTIVE BARGAINING AGREEMENT BETWEEN THE PARTIES; HOWEVER, THE TRUST RESERVES THE RIGHT TO DISALLOW OR TERMINATE PARTICIPATION IN THE TRUST UPON FAILURE TO EXECUTE THIS SUBSCRIPTION AGREEMENT OR TO COMPLY WITH THE TRUST AGREEMENT OR POLICY ON ACCEPTANCE OF EMPLOYER CONTRIBUTIONS.

EMPLOYER (Name and Address)

LABOR ORGANIZATION (Name and Address)

By: _____

By: _____

Title: _____ Date: _____

Title: _____ Date: _____

APPROVAL OF TRUSTEES This subscription agreement has been accepted by the Retiree's Welfare Trust:

By: _____ Title: _____ Date: _____

RETIREE'S WELFARE TRUST

POLICY ON ACCEPTANCE OF EMPLOYER CONTRIBUTIONS

It is hereby declared to be the policy of the Retiree's Welfare Trust to accept as Employer contributions only payments made in accordance with a Collective Bargaining Agreement and/or Written Agreement, which is not detrimental to the Plan.

Accordingly, a Collective Bargaining Agreement and/or Written Agreement which:

- Does not require monthly contributions to be made on behalf of all persons who perform work in the classifications or categories covered in such Collective Bargaining Agreement; or
- Requires a minimum waiting period of employment before contributions are owing; or
- Limits employees on whose account monthly contributions are to be made to those who are compensated for more than eighty (80) hours per month,

will be deemed to be detrimental to the Retiree's Welfare Trust and said contributions will not be acceptable.

The foregoing is only an illustration of Collective Bargaining Agreement and/or Written Agreement provisions, which the Trustees have deemed to be detrimental to the Plan and should not be considered as an all-inclusive list of all such types of provisions.

The determination of whether or not a Collective Bargaining Agreement and/or Written Agreement is detrimental to the Plan shall be made by the Trustees in their sole discretion.

NOTE: *There is a separate policy on acceptance of employer contributions in the Food Processing Industry. A copy may be obtained from the Trust Administrative Office.*

Retiree's Welfare Trust
2323 Eastlake Avenue East
Seattle, WA 98102
(206) 329-4900

WASHINGTON TEAMSTERS WELFARE TRUST SUBSCRIPTION AGREEMENT

COLLECTIVE BARGAINING AGREEMENT PROVIDING FOR PARTICIPATION IN TRUST

The Employer and Labor Organization below are parties to a Collective Bargaining Agreement providing for participation in the above Trust. An enforceable Collective Bargaining Agreement must exist as a condition precedent to participation in the Trust.

Employer Name

Address

City State Zip Code

Labor Organization (Union) Name

Address

City State Zip Code

COLLECTIVE BARGAINING AGREEMENT

The parties' Collective Bargaining Agreement is in effect from: _____ to: _____

☐ New Account ☐ Renewal — Account No. _____ Approximate No. of Covered Employees _____

INFORMATION CONCERNING TYPE OF EMPLOYER'S BUSINESS

Employer EIN (Tax ID No.) _____

Employer is: ☐ Public Entity ☐ Corporation - State of _____ ☐ Partnership ☐ Sole Proprietorship ☐ LLC

If Partnership or Sole Proprietorship, provide name/s of the owner or partners: _____

BENEFIT PLAN(S) DESIGNATED IN COLLECTIVE BARGAINING AGREEMENT

The Collective Bargaining Agreement provides that contributions will be made to the Trust on behalf of all employees for whom the Employer is required to contribute under the Trust Operating Guidelines for the purpose of providing such employees and their dependents with the following benefit plan(s): (The undersigned parties acknowledge the receipt of a copy of the Trust Operating Guidelines which by this reference are made a part hereof.)

<i>COVERAGE IN BARGAINING AGREEMENT (For renewals, list all coverages, not just changes)</i>		Hourly Rate
Medical Plan	Z	
Life/AD&D	A - \$30,000 Employee \$3,000 Dependent	
Time Loss	A - \$400/week	
Disability Waivers	Additional 9 months Disability Waiver of Contributions - Medical only	
Dental Plan	B	
Vision Plan	EXT	
Retiree (RWT XL)	(A Retiree's Welfare Trust Subscription Agreement is required)	
TOTAL		

Will there be any coverage changes before the Collective Bargaining Agreement's expiration? ☐ Yes ☐ No. If yes, attach a Subscription Agreement for each change.

EFFECTIVE DATE OF CONTRIBUTIONS - A Subscription Agreement must be submitted in advance of the effective date below.

Contributions above are effective (month, year) _____, 20 _____ based on employment in the prior month.

Important: Coverage is effective in the month following the month in which the contributions are due based on the Trust's eligibility lag month. For example, contributions effective April based on March employment will provide coverage in May.

EXPIRATION OF COLLECTIVE BARGAINING AGREEMENT

Upon expiration of the above-referenced Collective Bargaining Agreement, the Employer agrees to continue to contribute to the Trust in the same amount and manner as required in the Collective Bargaining Agreement until such time as the Employer and the Labor Organization either enter into a successor Collective Bargaining Agreement, which conforms to the Trust Operating Guidelines, or one party notifies the other in writing (with a copy to the Trust) of its intent to cancel such obligation five (5) days after receiving notice, whichever occurs first. The Trust reserves the right to immediately terminate participation in the Trust upon the failure to execute this or any future Subscription Agreement or to comply with the Trust Operating Guidelines as amended by the Trustees from time to time.

For Employer _____ **For Union** _____

Title/Assn _____ Date _____ Title _____ Date _____

ELIGIBILITY TO PARTICIPATE IN TRUST

Eligibility for benefits is determined in accordance with the requirements established in the Collective Bargaining Agreement provided such requirements are consistent with the Trust guidelines. To establish eligibility for benefits, Trust guidelines require that eligible employees must have the required number of hours in a month and have the contractually required contributions paid on their behalf. Eligibility will commence according to the Trust's lag month eligibility rule. Eligibility continues as long as the employee remains eligible, has the contractually required number of hours per month, and has the required contributions made. The Trust, however, will not recognize any contractual provision that conditions continued eligibility on having less than 40 or more than 80 hours in a month. Eligibility will end according to the Trust's policy for employees who do not have the required number of hours and contributions in a month and who do not qualify for an applicable extension of eligibility, if any.

Employees of a participating employer not performing work covered by the Collective Bargaining Agreement may participate in the Trust only pursuant to a written special agreement approved in writing by the Trustees. The Trustees reserve the right to recover any and all benefits provided to ineligible individuals from either the ineligible individual receiving the benefits or the employer responsible for misreporting them (if applicable).

REPORTING OBLIGATION AND CONSEQUENCES OF DELINQUENCY

Employer contributions are due no later than ten (10) days after the last day of each month for which contributions are due. The Employer acknowledges that in the event of any delinquency, the Trust Agreement provides for the payment of liquidated damages, interest, attorney fees, and costs incurred in collecting the delinquent amounts.

TRUSTEES' AUTHORITY TO DETERMINE TERMS OF PLANS

The parties recognize that the detail of the benefit plans provided by the Trust and the rules under which employees and their dependents shall be eligible for such benefits is determined solely by the Board of Trustees of the Trust in accordance with the terms of the governing Agreement and Declaration of Trust (Trust Agreement). The Trustees retain the sole discretion and authority to interpret the terms of the Trust's benefit plans, the plans' eligibility requirements, and other matters related to the administration and operation of the Trust and its benefit plans. The Trustees may modify benefits or eligibility of any plan for the purpose of cost containment, cost management, or changes in medical technology and treatment.

MECHANISM FOR HANDLING CONTRIBUTION INCREASES

The Trustees' authority shall include the right to adjust the contribution rates to support the benefit plans offered by the Trust and to maintain adequate reserves to cover any extended eligibility and the Trust's contingent liability.

The parties recognize that it is the intent of the Trust not to provide employee benefit plans for less than the full cost of any such plan. If the Collective Bargaining Agreement does not provide a mechanism for fully funding the designated benefit plans, the Board of Trustees may substitute a plan then available that is fully supported by the employer's contribution obligations. The disposition of any excess employer contributions will be subject to the collective bargaining process.

ACCEPTANCE OF TRUST AGREEMENT

The Employer and the Labor Organization accept and agree to be bound by the terms of the Trust Agreement governing the Trust, and any subsequent amendments to the Trust Agreement. The parties accept as their representatives for purposes of participating in the Trust the Trustees serving on the Board of Trustees and their duly appointed successors.

Provided, however, that in the event that either Section 2 or 3 of Article VIII of the Trust Agreement is amended to change or modify an Employer's liability as specified therein, such amendment will not be deemed applicable to an Employer until such time as the Employer enters into a successor Collective Bargaining Agreement after the expiration of the Employer's then current Collective Bargaining Agreement.

APPROVAL OF TRUSTEES

This Agreement has been approved by the Board of Trustees of the Washington Teamsters Welfare Trust.

Date _____

Administrative Agent
Washington Teamsters Welfare Trust

WASHINGTON TEAMSTERS WELFARE TRUST

SUBSCRIPTION AGREEMENT GUIDELINES

To participate in the Washington Teamsters Welfare Trust, the bargaining parties must complete a Subscription Agreement and file it with the Trust Administrative Office. Additionally, the bargaining parties are advised of the following general participation and benefit information. See Trust Operating Guidelines for more detailed information.

1. The Subscription Agreement language may not be modified or altered.
2. A Subscription Agreement must be submitted to the Trust Administrative Office for each new or renewed collective bargaining agreement, which provides for participation under the Trust.
3. For new accounts, an enforceable collective bargaining agreement, with contribution requirements and eligibility thresholds for benefits consistent with Trust guidelines, must be submitted prior to the activation of the account.
4. **Contributions for changes in plan benefits or new accounts are effective the first of the month following the date the Trust Office receives the documents in #2 and #3. Trust policy does not allow retroactive changes in contributions or benefits.**
5. A new Subscription Agreement is required for each change in benefits. If a collective bargaining agreement provides for benefit changes subsequent to those listed on the Subscription Agreement submitted to the Trust Office for the new or renewed agreement **and** the changes take effect prior to the termination of the collective bargaining agreement, the bargaining parties are responsible for formally notifying the Trust Administrative Office of the changes; this may be done by completing and submitting another Subscription Agreement, either with the initial agreement or anytime prior to the effective date of the contribution rate changes for the new benefits. Submission of a collective bargaining agreement by itself does not constitute formal notification of changes.

(Please Complete the Entire Subscription Agreement and Tear Off These Guidelines Before Mailing to the Trust Administrative Office)

MONTANA TEAMSTERS-CONTRACTORS/EMPLOYERS TRUST

PARTICIPATION AGREEMENT

(As revised through July 1, 2006)

The Montana Teamsters-Contractors/Employers Trust Requires All Participating Employers Submit a Complete Participation Agreement.

1. **Labor Agreement.** _____
 - (a) Employer: _____
 - (b) Union: _____
 - (c) Effective Dates of Current Agreement: Beginning: _____ Ending: _____
 - (d) Is this group already participating in the Trust? _____ Yes _____ No
If this is a new group, please list the first month for which contributions will be made: _____

Attached hereto is a duplicate original (or photocopy) of the signed Labor Agreement. The benefit plan provisions are on page _____.

2. **Eligibility Rules.** Benefits are only available to eligible participants in accordance with the terms of the benefit plans maintained by the Trust.

All Teamster bargaining unit employees that meet the requirements of the Collective Bargaining Agreement providing for participation in the Trust must be reported. The fact that an individual may have other coverage does not relieve the employer of its obligation to contribute to the Trust on behalf of all eligible Teamsters bargaining unit employees.

Please identify eligibility requirements in bargaining agreement.

Hours per month which are required for coverage: _____

Reportable hours are based on: _____ Hours worked
_____ Hours Compensated (includes vacation, holidays, etc.)
_____ Other (explain) _____

Identify any initial probationary period: _____

Identify any contractually excluded classes of Employees (i.e., seasonal, clerical, etc.):

3. **Benefit Plan Contributions.** The Labor Agreement provides that the undersigned employer shall make contributions to the Montana Teamsters-Contractors/Employers Trust for the purpose of providing the benefit plan(s) specified below:

**SELECTED MTCET
BENEFIT PLANS**

**PLAN
DESIGNATION
(Class)**

**EFFECTIVE
DATE**
(If new group or there is a
change to Plan)

Health & Welfare Plan

It is understood and agreed that the undersigned employer shall submit the full monthly contribution rate for each employee each month, regardless of the Collective Bargaining Agreement provisions requiring employees to bear a portion of the costs of said contribution.

4. **Payment Due Date.** Contributions are due on the 15th of the month following the month in which the hours are worked; provided, however, that if the Labor Agreement provides for another payment schedule, the terms of the Labor Agreement shall control.

_____ Check here if the Labor Agreement provides for another payment schedule, and complete the following: According to page _____ of the Labor Agreement, trust fund contributions are due on _____.

5. **Right to Audit.** All Employers are subject to audit on a regular basis. Employers with employees participating pursuant to this Agreement are subject to the Trust's audit provisions and policies. If unauthorized individuals are reported, the Trustees may recover any improperly paid benefits from either the individual upon whose behalf or to whom the benefits were paid, or from the Employer, and may also retain any contributions made on behalf of the ineligible individuals. If contributions have not been paid on eligible employees, the Trustees may require such contributions be made. Interest on unpaid contributions, liquidated damages, audit fees, attorney's fees, and any other collection costs as provided for in the Trust Agreement may also be recovered. The Employer agrees that in the event the Trust incurs any liability or expense (including reasonable attorney fees, auditor fees or claim audit fees (in the event of an overpayment refund request) as a result of the Employer's failure to abide by this Agreement, the employer shall be liable for such incurred liability or expense.
6. **Obligation to Maintain Records.** All employers are required to maintain records sufficient to determine the accuracy of the contributions made to the Trust. Records are to be retained for seven years after the contributions are made pursuant to applicable laws. If records are insufficient to determine whether contributions were in fact due, the Trust in its discretion may employ a presumption that the employees who appear to meet the applicable eligibility requirements did work sufficient hours in a month to require a contribution.
7. **Continuation Rights.** If an Employer ceases participating in the Trust pursuant to any Collective Bargaining Agreement, any former employees of the Employer who have elected or have the right to elect continuation coverage pursuant to federal continuation laws, will have the coverage terminated as of the last day of the month in which the Employer's active employees cease participating in the Trust. Any further continuation rights will be the responsibility of the Employer unless federal law requires to the contrary.
8. **No Transfer of Assets.** If any employer ceases participation in the Trust, the withdrawing employer and participants shall have no right or claim to any of the assets of the Trust.

9. **Subscription to Trust Agreement.** In consideration of their acceptable as participants in the Montana Teamsters-Contractors/Employers Trust, the undersigned Employer and Union do hereby subscribe to, and agree to be bound by the terms and provisions of the current Trust Agreement and all amendments hereafter adopted. The undersigned employer and union do hereby accept, as their representatives, the Employer Trustees and Union Trustees now serving on the Board of Trustees of the Montana Teamsters-Contractors/Employers Trust, and their lawful successors. The Employer acknowledges and agrees that the details of the benefit plans provided by the Trust and the rules under which the employees shall be eligible are determined solely by the Board of Trustees in accordance with the governing Trust Agreement. The Trustees have the sole discretion to interpret the terms of the Trust's benefit plans, to establish policies and provisions governing the operation of the Trust, to determine eligibility and to handle other matters related to the administration and operation of the Trust.
10. **Term:** this Subscription Agreement shall be effective while contributions are made or while there is a legal or contractual obligation to make contributions to the Trust. The Board of Trustees may terminate this Subscription Agreement by providing thirty (30) days advance written notice.
11. **Small Employer Supplement/Non-Bargaining Unit Agreement.** If the Employer has two or fewer employees, it must complete a Small Employer Supplement. If the Employer is reporting non-bargaining unit employees, a separate Non-Bargaining Unit Agreement must be signed.

Dated this _____ day of _____, 20_____.

EMPLOYER

UNION

(Name of Employer • Please Print)	(Name of Union • Please Print)
(Street Address • Please Print)	(Street Address • Please Print)
(City, State, Zip Code • Please Print)	(City, State, Zip Code • Please Print)
By _____ (Signature of Employer or Representative)	By _____ (Signature of Union Representative)
(Title of Employer Representative • Please Print)	(Title of Union Representative • Please Print)

INFORMATION CONCERNING FORM OF EMPLOYERS BUSINESS

Employer is a: _____ Corporation _____ Partnership _____ Sole Proprietorship
 _____ Government Agency _____ Limited Liability Co. _____ Other

FUND 010

NORTHERN CALIFORNIA TEAMSTERS APPRENTICE TRAINING AND EDUCATION TRUST FUND

THE UNDERSIGNED EMPLOYER AND UNION HEREBY CERTIFY THAT A WRITTEN COLLECTIVE BARGAINING AGREEMENT IS IN EFFECT BETWEEN THE PARTIES PROVIDING FOR CONTRIBUTIONS TO THE NORTHERN CALIFORNIA TEAMSTERS APPRENTICE TRAINING AND EDUCATION TRUST FUND (HEREINAFTER REFERRED TO AS "TRUST FUND"). A COMPLETE COPY OF THE COLLECTIVE BARGAINING AGREEMENT IS ATTACHED OR, IF NOT YET AVAILABLE, WILL BE FURNISHED TO THE ADMINISTRATIVE OFFICE AS SOON AS AVAILABLE. THE UNDERSIGNED FURTHER CERTIFY THAT THE FOLLOWING INFORMATION IS TRUE AND CORRECT AND ACCURATELY REFLECTS THE PROVISIONS OF THE COLLECTIVE BARGAINING AGREEMENT.

NAME OF EMPLOYER: _____

STREET ADDRESS: _____

CITY, STATE: _____ ZIP CODE: _____

EFFECTIVE DATE OF THIS COLLECTIVE BARGAINING AGREEMENT: ____/____/____
(DATE)

CONTRIBUTIONS TO COMMENCE: ____/____/____
(DATE)

CONTRIBUTIONS ARE DUE ON THE 10TH AND DELINQUENT IF NOT RECEIVED BY THE 20TH

INDICATE

☐ RENEWAL ☐ NEW ACCOUNT ☐ NEW ACCOUNT BUT PREVIOUSLY MADE CONTRIBUTIONS

APPROXIMATE NUMBER OF COVERED EMPLOYEES: _____

THE UNDERSIGNED UNION AND EMPLOYER AGREE TO BE BOUND BY THE TRUST FUND'S AGREEMENT AND DECLARATION OF TRUST AS NOW CONSTITUTED OR AS HEREFTER AMENDED AND TO BE BOUND BY THE ACT'S OF THEIR RESPECTIVE UNION AND EMPLOYER TRUSTEES OR THEIR SUCCESSORS. THE EMPLOYER AGREES TO PAY THE TRUST FUND CONTRIBUTIONS AS SPECIFIED IN THE COLLECTIVE BARGAINING AGREEMENT WITH THE UNION. THE UNDERSIGNED UNION AND EMPLOYER SHALL BECOME PARTIES TO SAID AGREEMENT AND DECLARATION OF TRUST UPON ACCEPTANCE AS SUCH BY THE TRUSTEES. UPON THE EXPIRATION DATE OF THE COLLECTIVE BARGAINING AGREEMENT, THE EMPLOYER AGREES TO CONTINUE TO CONTRIBUTE TO THE TRUST FUND IN THE SAME AMOUNT AND MANNER AS REQUIRED IN THE MOST RECENT EXPIRED COLLECTIVE BARGAINING AGREEMENT UNTIL SUCH TIME AS THE UNDERSIGNED EITHER NOTIFIES THE OTHER PARTY IN WRITING (WITH A COPY TO THE TRUST FUND) OF ITS INTEREST TO CANCEL SUCH OBLIGATION FIVE DAYS AFTER RECEIPT OF NOTICE OR ENTERS INTO A SUCCESSOR COLLECTIVE BARGAINING AGREEMENT, WHICHEVER EVENT OCCURS FIRST. SIMILARLY, THE TRUSTEES RESERVE THE RIGHT TO GIVE NOTICE TO THE EMPLOYER AND UNION OF INTENT TO TERMINATE ACCEPTANCE OF FURTHER CONTRIBUTIONS FROM THE EMPLOYER. THE UNDERSIGNED FURTHER AGREE THAT UPON RENEWAL OF THE COLLECTIVE BARGAINING AGREEMENT, A COMPLETE COPY OF THE COLLECTIVE BARGAINING AGREEMENT, INCLUDING MODIFICATIONS TO THE AGREEMENT, WILL BE FURNISHED TO THE ADMINISTRATIVE OFFICE AS SOON AS AVAILABLE; AND UPON WRITTEN ACCEPTANCE OF THE RENEWED COLLECTIVE BARGAINING AGREEMENT BY THE TRUSTEES, THE FOREGOING TERMS OF THIS DOCUMENT SHALL BE APPLICABLE TO SUCH RENEWAL.

UNION: _____ EMPLOYER: _____

BY: _____ BY: _____
(SIGNATURE) (SIGNATURE)

(PRINT NAME OF INDIVIDUAL SIGNING) (PRINT NAME OF INDIVIDUAL SIGNING)

(TITLE) () PHONE NUMBER (TITLE) () PHONE NUMBER

ACCEPTED BY THE TRUSTEES OF THE NORTHERN CALIFORNIA TEAMSTERS APPRENTICE TRAINING TRUST FUND:

BY: _____ DATE: _____

FOR INFORMATION ON PAYMENT PRODEDURES, SEE REVERSE SIDE

ACCOUNT # _____
(TO BE ASSIGNED BY ADMINISTRATIVE OFFICE)

SEND ALL COPIES TO ADMINISTRATIVE OFFICE FOR ACCEPTANCE

INFORMATION OF REPORTING AND PAYMENT PROCEDURES

EMPLOYERS ARE REQUIRED TO REPORT MONTHLY TO THE TRUST FUND AND TO MAKE CONTRIBUTIONS ON ALL HOURS WORKED OR PAID FOR BY EACH EMPLOYEE COVERED UNDER THE COLLECTIVE BARGAINING AGREEMENT AT THE RATE SPECIFIED IN SAID AGREEMENT.

YOU WILL BE MAILED A REPORTING FORM BY THE ADMINISTRATIVE OFFICE AT THE END OF EACH MONTH. IT IS IMPERATIVE THAT YOU NOTIFY THE ADMINISTRATIVE OFFICE IF YOUR ADDRESS CHANGES.

YOUR ACCOUNT IS CONSIDERED DELINQUENT IF PAYMENT IS NOT RECEIVED BY THE 20TH DAY OF THE CALENDAR MONTH IN WHICH IT BECOMES PAYABLE (I.E., JANUARY HOURS DUE FEBRUARY 20TH).

IF YOUR CONTRIBUTIONS BECOME DELINQUENT, YOU ARE SUBJECT TO LIQUIDATED DAMAGES AS FOLLOWS:

- 1) SIX PERCENT (6%) OR \$25.00, WHICHEVER IS GREATER, IF CONTRIBUTIONS ARE RECEIVED DURING THE FIRST TWO WEEKS; OR
- 2) TWELVE PERCENT (12%) OR \$25.00 WHICHEVER IS GREATER, IF CONTRIBUTIONS ARE RECEIVED AFTER THE FIRST TWO WEEKS IMMEDIATELY FOLLOWING THE DATE ON WHICH YOU BECOME DELINQUENT.

FURTHERMORE, SHOULD THE TRUSTEES OR ITS ASSIGNEE TAKE ANY ACTION NECESSARY TO ENFORCE PAYMENT OF THE CONTRIBUTION DUE, THE DELINQUENT EMPLOYER SHALL BE LIABLE FOR ATTORNEY'S FEES AND COSTS.

MAKE YOUR CHECK PAYABLE AND MAIL IT TO:

CALIFORNIA TEAMSTERS APPRENTICE TRAINING AND EDUCATION TRUST FUND
%NORTHWEST ADMINISTRATORS INC.
2323 EASTLAKE AVENUE E
SEATTLE, WA 98102-3393

IF YOU DO NOT RECEIVE YOUR REPORTING FORM PRIOR TO THE DUE DATE, PLEASE CONTACT THE ADMINISTRATIVE OFFICE IMMEDIATELY, EVEN IF YOU HAVE NO HOURS TO REPORT DURING THE PERIOD COVERED BY THIS REPORT, PLEASE RETURN THE REPORT WITH A NOTATION, OTHERWISE, THE ADMINISTRATIVE OFFICE WILL ASSUME THE ACCOUNT IS DELINQUENT.

THE ADDRESS AND TELEPHONE NUMBER OF THE ADMINISTRATIVE OFFICE IS:

NORTHWEST ADMINISTRATORS, INC.
2323 EASTLAKE AVENUE E
SEATTLE WA 98102-3393
(206) 329-4900



INSTRUCTIONS: HOW TO REPORT TO THE H&W TRUST

GENERAL INFORMATION:

The first page of the billing recaps employee names and social security numbers, and the plan/rate code designating the employees' coverage. Your employer's name will be displayed in the center at the top of the page. The remittance address is listed in the top left-hand corner. The top right-hand section lists the following information:

- **FUND:** Number used to designate the Trust
- **ACCOUNT:** Your NWA Account Number
- **BILL MONTH:** The Bill Month
- **DATE DUE:** Billing Due Date
- **COV MONTH:** Month for which you are purchasing coverage

FUND	ACCOUNT	BILL MONTH	DUE DATE	COV MONTH
00	555555	12/2005	0	01/10/2006 02/2006

MAIL PAYMENT TO: TRUST FUND PO BOX 00000 SEATTLE, WA 98102	MAKE CHECK PAYABLE TO: TRUST NAME
--	---

	SSN	Employee Name	Plan/Rate Code	Hcurs	Terminate Date
XXXXXX - COMPANY NAME - LOCAL #					
1	555-55-5555	ONE, EMPLOYEE	PLAN/RATE CODE		
2	555-55-5556	TWO, EMPLOYEE	PLAN/RATE CODE		
3	555-55-5557	THREE, EMPLOYEE	PLAN/RATE CODE		
4	555-55-5558	FOUR, EMPLOYEE	PLAN/RATE CODE		

A grid containing pertinent information regarding each of your employees will include the following:

- **SSN:** Employee's Social Security Number
- **EMPLOYEE NAME:** Employee's Last Name, First Name and Middle Initial
- **PLAN/RATE CODE:** Plan designation used by NWA
- **HOURS:** Number of hours worked in the current month
- **TERMINATE DATE:** Used to advise NWA of a termination
- **XXXXXX:** Your department number

The next section lists the Fund, Plan, Plan/Rate Code, Rate, multiply # of people, or hours, = Total. If your account has multiple departments, there will be a subtotal listed for each department. The grand total of all departments is displayed at the bottom portion of the bill. The amount due for the current month is the sum of the current bill. The “Prior Overage or Shortage” reflects any overages or shortages from prior bills. The Adjustment section is used by the employer, to show the amount adjusted due to changes made to the billing. Total Amount Due is what should be sent in with a copy of your billing.

Fund	Plan	Plan/Rate Code	Rate	x	# of People or Hours	=Total
XXXXXX - COMPANY NAME - LOCAL #						
FUND #	PLAN NAME	PLAN/RATE CODE	\$5.00	x	10	\$50.00
Amount Due for Current Month:						\$50.00
Prior Overage or Shortage:						\$0.00
Adjustments:						\$0.00
Total Amount Due:						\$50.00

ADJUSTING YOUR BILLING:

Terminating an Employee:

- Current Termination:
 - Cross off the employee you need to terminate.
 - Put a termination date next to the employee’s name under the Term Date column.
 - Providing the actual termination date, not the coverage termination date.
- Retroactive termination:
 - Follow steps 1(a) – 1(b) making a note on the bill that you are taking a retroactive credit.
 - Report the number of hours, for which you are taking a credit.
 - Multiply the number of hours by the hourly rate and place it in the total column.
 - Transfer the amount of the credit to the “Adjustment” section and then calculate the Total Amount Due.

	SSN	Employee Name	Plan/Rate Code	Hours	Terminate Date
XXXXXX - COMPANY NAME - LOCAL #					
1	555-55-5555	ONE, EMPLOYEE	PLAN/RATE CODE		1/3/2006
2	555-55-5556	TWO, EMPLOYEE	PLAN/RATE CODE		

Changing an Employee’s Coverage:

- Place a line through the Plan/Rate Code for the employee that has a change in coverage.
- Write in the new Plan/Rate Code next to the last Plan/Rate Code that has been lined out.
- Adjust the Amount Due for the current month.

Add a New Employee:

1. Current Addition:

- a. Add the new employee in the “New Employee Information” grid on your billing.
 - i. Provide the employee’s Social Security Number.
 - ii. Include the employee’s date of hire.
 - Please provide the actual hire date, not the date coverage begins.
 - iii. Add the employee’s full name, as displayed on their Social Security Card.
 - iv. Provide the employee’s date of birth.
 - v. Provide the Plan/Rate Code for the employee.
 - vi. Include the employee’s Local Union Number.
 - vii. Include the number of hours worked for the month.
 - viii. Include the amount due on the “Adjustment” section of the bill located above the Total Amount Due.

NAME OF TRUST FUND						
COMPANY NAME						
FUND		ACCOUNT		BILL MONTH		
00		555555		12/2005 0		
				DUE DATE		COV MONTH
				01/10/2006		02/2006
New Employee Information						
* All Fields Are Required						
SSN	Hire Date	Employee Name	Birth Date	Plan/Rate Code	Local	Hours

2. Retroactive addition:

- a. Follow step 1(a) making a note on the bill that you are adding an employee with a retroactive hire date.

Finalizing the Bill:

1. Total number of hours:

- a. Paying an hourly rate for coverage based on number of hours worked in the month.
 - i. Total the number of hours worked for each employee.
 - ii. Transfer this total to the column designated “# of People or Hours”.
 - iii. Multiply this number by the dollar amount in the “Rate” column. This will be your amount due.
 - iv. Transfer the amount due to the “Total” column.

- v. Transfer the amount due in the “Total” column to the “Amount Due for current month”.
 - vi. Add or subtract any prior overage or shortage.
 - vii. Add or subtract any adjustments you are making to the bill.
 - viii. Total Amount Due.
2. Total number of people:
- a. Paying a rate for coverage based on number of employees working in the month.
 - i. Add the number of employees working for the month.
 - ii. Transfer this total to the column designated “# of People or Hours”.
 - iii. Multiply this number by the dollar amount in the “Rate” column. This will be your amount due.
 - iv. Transfer the amount due to the “Total” column.
 - v. Transfer the amount due in the “Total” column to the “Amount Due for current month”.
 - vi. Add or subtract any prior overage or shortage.
 - vii. Add or subtract any adjustments you are making to the bill.
 - viii. Total Amount Due.

Fund	Plan	Plan/Rate Code	Rate	x	# of People or Hours	=Total
XXXXXX - COMPANY NAME - LOCAL #						
FUND #	PLAN NAME	PLAN/RATE CODE	\$5.00	x	10	\$50.00
Amount Due for Current Month:						\$50.00
Prior Overage or Shortage:						\$5.00
Adjustments:						\$0.00
Total Amount Due:						\$45.00

The last page is the Key to Benefit Coverages, listing the Fund, Plan/Rate Code, Benefit, Plan/Rate Code Description, and the Amount.

Key To Benefit: Coverages				
Fund	Plan/Rate Code	Benefit	Plan/Rate Code Description	Amount
XXXXXX- COMPANY NAME - LOCAL #				
#01	C1/1A	Dental	PLAN AND DESCRIPTION	\$5.00
#00	C1/1B	Medical/Prescription	PLAN AND DESCRIPTION	\$200.00



INSTRUCTIONS: HOW TO PAY THE H&W TRUST

How to Report Hours to the Health & Welfare Trust

There are two different methods available to report hours on behalf of your employees:

1. A paper-based monthly reporting form will be mailed for reporting employees which contributions are being paid on. You will be required to update the form by adding and deleting employees, entering the number of hours reported and the contribution amount remitted. Maintain a copy of the form for your records. Once completed, the reporting form is then mailed to the Trust lockbox with your payment. A copy of the reporting form should be kept for your records.
2. The second option is to use Online Reporting in which you electronically update your employees. Online Reporting is easy to use, fully encrypted, and provides you with the tools and flexibility that you need to report employee and contribution details. Online Reporting will send you an email every month when your next reporting form is ready to be processed and can also send you reminders if your reporting form isn't finished as the due date approaches. Using sophisticated edits, Online Reporting will also verify the information you're submitting to ensure it is as accurate as possible. Once you are ready to make your contribution to the Trust, you can do so by scheduling an ACH transmission, initiating a Money Transfer, or issuing a check.

For further support for both paper based and Online Reporting, please refer to the Trust Funds Contact List for the staff member listed for your Trust.

How to Remit Contributions to the Health & Welfare Trust

After making any necessary changes to the employees being reported and computing your payment, please retain a copy of the reporting form for your records. Your initial payment is expected within thirty **(30) days** from receiving your initial billing letter and reporting forms.

You can remit your contributions by issuing a check and mailing it to the appropriate Trust lockbox along with a copy of your reporting form. The address of the lockbox is in the upper left-hand corner of the reporting form. Or you can remit your payment electronically by ACH or Money Transfer to the Trust Bank account. To obtain the Trust's banking information, please refer to the reporting form. If you don't have a copy of your reporting form, please refer to the Trust Fund Contact List to request a copy. Your reporting form can be emailed to the accounting clerk assigned to the Trust.

Future billings will be mailed toward the end of each month, and your remittance is due on the date specified in your collective bargaining agreement or, if not specified, then no later than the due date on your reporting form. Payments not made timely may be referred for collection at which time additional costs may accrue.



DUE DATES & DELINQUENCY INFORMATION

The Trust's delinquency procedures will be assessed unless your payment is received by the due date indicated on the reporting form. These procedures include, in addition to contributions due, the assessment of liquidated damages and interest. Also, your company may be liable for attorneys' fees and court costs.

If you have no hours to report for the month, please contact the Trust to avoid delinquency.

If you have completed the work on the Project Labor Agreement, you will need to complete and sign the **Job Completion Form** and email it to ConstructionContracts@nwadmin.com.



Notification of Job Completion

Instructions

It is the responsibility of the Employer and Local Union to notify the Trust upon completion of work covered by the bargaining agreement. This notification will discontinue the employer's responsibility to submit monthly reporting forms and prevent them from being referred for collection for months following the completion of the job in which contributions and details are not received.

Upon completion of the job, fill out the Employer Section and email to ConstructionContracts@nwadmin.com.

Employer Section

Employer Name	
WCTPTF Employer Account Number(s)	
H&W Employer Account Number(s)	
Teamsters Local Union Number	
Name of Project Labor Agreement	
Job Completion Date	
Name of Person Completing Form	
Signature	
Email Address	
Mailing Address	
Current Date	

Additional Comments:



PAYROLL AUDIT INFORMATION

Payroll audits are a necessary component to the proper administration of Trust Fund participation to ensure accuracy and compliance on behalf of the participants and contributing employers. Upon starting covered work and joining the Trust Fund, payroll audits generally occur every four years, but may be conducted more often at the discretion of the Trust, usually to limit the interruption to the Employer and to limit audit costs to the Trust.

The purpose of the audit is to determine who is performing covered work under the collective bargaining agreement and, as equally important, to determine who is not performing work under the collective bargaining agreement. The Trust can only accept contributions on behalf of those that are performing the covered work.

The audit will review payroll records broken down by employee for each pay period. The payroll records will need to show each employee's hour types, totals, and compensation for each pay period during the audit period. Employers must keep and maintain a Certified payroll for each project, which is the payroll the Trust will utilize to determine which individuals performed the covered work. This will also determine the appropriate hours compensated under the project and collective bargaining agreement, which calls for pension contributions to be made to the Trust.

The audit may also need to review other payroll records and employee information that the Trustees may require in connection with the administration of the Trust Fund and for no other purpose.



TEAMSTER FRINGE BENEFIT REPORTING GUIDELINES FREQUENTLY ASKED QUESTIONS

In order for the Teamster benefit trusts to accept fringe benefit contributions under the Project Labor Agreement (PLA) or Community Workforce Agreement (CWA), what documents does the employer and local provide to the Administrative Office?

The following documents are required:

1. Letter of Assent to the PLA or CWA
2. Executed WCT Construction Participation Agreement or Employer-Union (E-U) Pension Certification Form
3. Executed H&W Trust Subscription Agreement
4. Project name, award date and project start date or estimated start date

What is Northwest Administrators, Inc.'s relationship to the Teamsters benefit trusts?

Northwest Administrators is a third-party benefit administrator hired by the Teamsters benefit trusts and is responsible for employer contribution reporting and Pension/H&W benefits administration.

I am an incorporated owner operator and was awarded work under a PLA or CWA. Am I obligated to make fringe benefit contributions on myself to the Teamsters benefit Trusts?

Yes, if you are performing Teamster work under a PLA or CWA, you must report fringe benefit contributions to the Teamsters benefit Trusts.

I am an unincorporated owner operator and was awarded work under a PLA or CWA. Am I obligated to make fringe benefit contributions on myself to the Teamsters benefit Trusts?

No, unincorporated owners and partners are not eligible to personally participate in Teamster benefit plans even if you are performing Teamster work under a PLA or CWA. However, you must report fringe benefit contributions to the Teamsters benefit Trusts on behalf of your employees who perform Teamster work under a PLA or CWA.

I am a subcontractor for an employer that was awarded work under a PLA or CWA. Am I obligated to make fringe benefit contributions to the Teamsters benefit Trusts?

Yes, if you have employees performing Teamster work under a PLA or CWA, you must report fringe benefit contributions to the Teamsters benefit Trusts regardless of whether you are the contractor or subcontractor.

I am not a Union employer and provide our own company benefits to our employees. Do I have to pay fringe benefit contributions to the Teamsters benefit Trusts for my employees performing Teamster work under a PLA/CWA?

Yes, regardless of whether you have an existing labor agreement with the Teamsters or whether your employees are union members or whether they may be receiving other pension and/or H&W benefits, contributions are due to the Teamster benefit Trusts for all hours worked under a PLA/CWA.

How do I report hours to the Teamsters benefit Trusts?

Upon receipt of the monthly reporting form, you will indicate the hours compensation for each employee who performed Teamster work and multiple the number of hours by the contribution rate indicated on the reporting form. Be sure to retain a copy of your completed monthly reporting form for your records.

How do I report new employees to the Teamsters benefit Trusts?

Upon receipt of the monthly reporting form, add your employee's Social Security Number, name, address, date of birth, gender, date of hire, hours of Teamster work for each month and the contribution amount for each month on the reporting form. The reporting form for the following month will include the new employee unless you provided a termination date.

Where do I remit contributions to the Teamsters benefit Trusts?

After calculating the total contribution owed the Teamsters benefit Trusts, you will send your payment to the address located on your monthly reporting form.

Where can my employees get information on their eligibility for Teamster benefits?

Please use the Contact List contained in the Guide as a resource for employers to contact the Administrators for any reporting or remittance questions and for employees who have questions on Teamster benefits.

The work on the PLA/CWA project is now completed. What do I do?

Please complete the **Job Completion Form** and email it to ConstructionContracts@nwadmin.com. For contacting the Administrators for Teamster benefit Trusts not administered by Northwest Administrators, Inc. please use the Contact List.

[illegible]

[illegible]



NEW CONSTRUCTION EMPLOYER GUIDE FOR LOCAL UNIONS CHECKLIST

THIS CHECKLIST IS A GUIDE TO HELP YOU SUCCESSFULLY COMPLETE EACH STEP OF THE
ONBOARDING PROCESS WITH YOUR NEW EMPLOYER

COMPLETE THE LETTER OF ASSENT/COMPLIANCE AGREEMENT FOR THE PROJECT LABOR AGREEMENT (PLA)	
PROVIDE TRUST AGREEMENT(S) FOR THE WESTERN CONFERENCE OF TEAMSTERS TRUST FUND AND HEALTH & WELFARE TRUST FUND TO NEW EMPLOYER	
EMPLOYER RETURNS EXECUTED TRUST AGREEMENT(S) AND LETTER OF ASSENT/COMPLIANCE AGREEMENT TO LOCAL UNION	
LOCAL UNION EXECUTES LETTER OF ASSENT/COMPLIANCE AGREEMENT AND TRUST AGREEMENT(S)	
LOCAL UNION TO EMAIL ALL FULLY EXECUTED AGREEMENT(S) TO CONSTRUCTIONCONTRACTS@NWADMIN.COM <i>*Note: H&W Trusts not administered by NWA are to be sent to the appropriate Administrator</i>	
REVIEW THE INSTRUCTIONS ON HOW TO REPORT WITH NEW EMPLOYER	
REVIEW THE INSTRUCTIONS ON HOW TO PAY WITH NEW EMPLOYER	
REVIEW THE DUE DATES AND DELINQUENCY INFORMATION WITH NEW EMPLOYER	
REVIEW THE JOB COMPLETION FORM WITH NEW EMPLOYER	
REVIEW THE PAYROLL AUDIT INFORMATION WITH NEW EMPLOYER	



ADMINISTRATIVE OFFICES

NORTHWEST/ROCKY MOUNTAIN AREA

Administrative Office

2323 Eastlake Avenue East

Seattle, WA 98102-3305

(206) 329-4900 or (800) 531-1489

NORTHERN CALIFORNIA

Administrative Office

1000 Marina Blvd, Suite 400

Brisbane, CA 94005-1841

(650) 570-7300 or (800) 845-4162

SOUTHWEST AREA

Administrative Office

225 South Lake Avenue, Suite 1200

Pasadena, CA 91101-3000

(626) 463-6100 or (866) 648-6878