

I.U.P.A.T. DISTRICT COUNCIL NO. 51

BENEFIT FUNDS

Received Date

DC51
LCR
GLZ

Zenith American Solutions, Fund Administrator
3 Gateway Center
401 Liberty Avenue, Ste. 1200
Pittsburgh, PA 15222-1024
1-800-242-8923

Document No. for Internal use only

Report for Work Month/Year

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

*Glass &
Architectural Metal*

_____ to _____

RATES EFFECTIVE: January 2023

| | Fund Code | FUND | Rate | Based on |
|--|------------|-----------------|--------|---|
| | APP | DC51 FTI | \$0.30 | Total Hours Worked |
| | LMF | DC51 LMF | \$0.50 | Total Hours Worked |
| | ORG | Organizing Fund | \$0.05 | Total Hours Worked (employee deduction) |
| | DUE | Dues Check-off | \$0.75 | Total Hours Worked (employee deduction) |

| | | | | | |
|---------------------|--|---|--------|---|----|
| Total Hours Worked: | | X | \$1.60 | = | \$ |
|---------------------|--|---|--------|---|----|

Total No. of Participants on Report

\$

Document Total

- Report and payment are due in the Fund Office by the 25th day of the month following the work month. Liquidated Damages will be assessed as outlined in the Collective Bargaining Agreement.
- Make Check Payable to: I.U.P.A.T. District Council No. 51 Benefit Funds, and mail report along with check to Zenith American Solutions at the address listed above.
- If preferred, please call the number above for wiring and digital remittance instructions.

Employer Name _____ Fed. I.D. No. _____

Address _____ Phone No. _____

Fax No. _____

We certify this report to be true and correct and hereby accept and agree to abide by the terms and provisions as set forth in the Agreements and Declarations of Trust.

Check # _____

Authorized Signature

Date

Please check if:

- ☐ No Longer Working in Area
☐ Check here if new address

- ☐ Check here for more forms
☐ No Employees This Month