

# 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.



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

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

REPORT FOR: 09/01/18  
TYPE: MT 340176R793  
DATE DUE: 10/10/18  
EMPLOYER PHONE NUMBER: 425-555-3126  
PAGE 1 OF 1

LIQUEFIED DAMAGES (25% PENALTY) INTEREST AND ATTORNEY FEES WILL BE ADDED IN 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**

SOC. SEC. NO. 6 NAME: *Bill Walker* SEX: *M* 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