

**PLUMBERS LOCAL 98
PO BOX 159
TROY, MI 48099-0159**

PHONE: (248) 641-4988

TOLL FREE: (866) 646-8919

**THIS REPORT IS TO BE USED ONLY FOR PRINCIPALS WHO WORK WITH TOOLS OF THE TRADE. DO
NOT USE FOR JOURNEYMEN OR APPRENTICES**

WORKING PRINCIPLE

SEC 170

Month: _____ From: _____ To: _____

THE PRINCIPAL MUST REPORT FOR NOT LESS THAN 32 HOURS OF WORK EACH WEEK AND NOT FOR LESS THAN 128 HOURS OF WORK PER MONTH. ONLY ONE WORKING PRINCIPAL PER FORM. THIS FORM IS NOT TO BE USED FOR SALESMEN, ESTIMATORS, SUPERINTENDENTS AND OTHER SUCH SALARIED PERSONNEL.

| SOCIAL SECURITY NUMBER | EMPLOYEE'S NAME | END OF LAST PAY PERIOD | TOTAL HOURS WORKED | TERM DATE | OPTIONAL FRINGE AMOUNT | |
|------------------------|-----------------|------------------------|--------------------|-----------|------------------------|-------------|
| | | | | | INSURANCE | D/C PENSION |
| | | | | | | |

FRINGE BENEFITS

| MANDATORY | | OPTIONAL | | OPTIONAL*** DEFINED CONTRIBUTION |
|----------------|-----------------|------------|-----------|---|
| DB PENSION | \$ 8.75 | SINGLE | \$ 414.56 | <p align="center">ENTER AMOUNT</p> <p align="center">\$ _____</p> <p align="center">(ALSO ENTER IN BOX ABOVE)</p> |
| INDUSTRY | \$ 0.40 | TWO-PERSON | \$ 886.95 | |
| TRAINING FUND | \$ 1.46 | FAMILY | \$ 943.89 | |
| INT'L TR. FUND | \$ 0.10 | | | |
| DUES | \$ 0.55 | | | |
| I.A.R.F. | \$ 0.50 | | | |
| TOTAL | \$ 11.76 | | | |

IF SELECTING COVERAGE UNDER THE INSURANCE FUND, PLEASE INDICATE AMOUNT IN THE APPROPRIATE BOX ABOVE. IF MAKING A CONTRIBUTION TO THE DEFINED CONTRIBUTION PENSION, INDICATE THAT AMOUNT IN THE BOX ABOVE; NOT EXCEEDING THE LIMITS ALLOWED.

CONTRIBUTIONS TO ALL PENSION PLANS, IE., MANDATORY, OPTIONAL AND COMPANY PLANS MAY NOT EXCEED 25% OF EMPLOYEES WAGES.

***** SEE REVERSE SIDE OF THIS FORM FOR ADDITIONAL INFORMATION REGARDING OPTIONAL CONTRIBUTIONS *****

TOTAL HOURS _____ X \$ 11.76 PER HOUR = \$ _____

INSURANCE FUND OPTION AMOUNT \$ _____

D/C PENSION PLAN OPTION AMOUNT \$ _____

TOTAL \$ _____

**MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98
MAIL TO: PLUMBERS LOCAL 98
PO BOX 638043
CINCINNATI, OH 45263-8042**

THIS REPORT WITH PAYMENT MUST BE RECEIVED BY THE PLUMBERS LOCAL 98 TRUST FUNDS NO LATER THAN THE 15TH OF THE MONTH FOLLOWING THE MONTH BEING REPORTED. REMITTANCE FOR FRINGES IS BASED ON ALL ACTUAL HOURS WORKED. WAGE REDUCTION
REMITTANCE IS BASED ON STRAIGHT TIME HOURS NOT TO EXCEED 40 HOURS PER WEEK.

| ADMINISTRATIVE USE ONLY | EMPLOYER: |
|-------------------------|----------------------------------|
| DATE RECEIVED: _____ | _____ |
| DEPOSIT DATE: _____ | ADDRESS: _____ |
| CHECK NUMBER: _____ | CITY: _____ ST: _____ ZIP: _____ |
| CHECK AMOUNT: _____ | TELEPHONE: _____ |
| ENTERED BY: _____ | SIGNATURE: _____ DATE: _____ |

CHECK FOR MORE FORMS _____

SPECIAL NOTE: FAILURE TO FILE THIS REPORT ON TIME OR CALCULATED INCORRECTLY WILL RESULT IN A LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANCE AMOUNT. THE LIQUIDATED DAMAGES CHARGE IS 10 % OF THE REMITTANCE AMOUNT BUT NOT LESS THAN \$15.00.

I CERTIFY THAT THE INFORMATION IN THIS REPORT IS A FULL AND ACCURATE STATEMENT OF ALL WORKING PRINCIPALS EMPLOYED OR WORKING FOR THE EMPLOYER UNDER THE JURISDICTION OF THE PLUMBERS LOCAL 98 FOR THE PERIOD INDICATED. BY FILING THIS REPORT, THE UNDERSIGNED EMPLOYER AGREES TO BE BOUND BY ALL THE TERMS OF THE CURRENT COLLECTIVE BARGAINING AGREEMENT BETWEEN THE PLUMBERS LOCAL 98 AND THE MECHANICAL CONTRACTORS ASSOCIATION OF DETROIT AND TO THE TERMS OF THE TRUST AGREEMENTS OF THE FUNDS, SPECIFICALLY INCLUDING PROVISIONS RELATING TO FRINGE BENEFIT FUND CONTRIBUTIONS.

SUBMISSIONS OF CONTRIBUTIONS ON ALTERNATE FORMS MUST BE APPROVED BY THE JAC

Rev Date: 06/01/2009

OPTIONAL CONTRIBUTIONS:

- ◆ PLUMBERS LOCAL 98 INSURANCE FUND: EFFECTIVE 06/01/97; THE INSURANCE FUND CONTRIBUTION SHALL BE OPTIONAL FOR WORKING PRINCIPALS. YOU WILL BE PROVIDED AN OPPORTUNITY ONCE A YEAR, ON THE ANNIVERSARY DATE OF THE CBA, IN CONFORMANCE WITH THE INSURANCE FUND, TO PARTICIPATE IN THE INSURANCE FUND. THE INSURANCE FUND RATES EFFECTIVE 06/02/03 SHALL BE AS FOLLOWS:

| | | |
|------------|----|--------|
| SINGLE | \$ | 414.56 |
| TWO-PERSON | \$ | 886.95 |
| FAMILY | \$ | 943.89 |

WHEN COMPARING INSURANCE RATES TO INSURANCE RATES THAT YOU MAY SOLICIT, MAKE SURE THE BENEFITS ARE COMPARABLE. THE INSURANCE FUND INSURES MORE MEDICAL BENEFITS; IT INCLUDES WEEKLY DISABILITY, DEATH BENEFITS, AND PRESCRIPTION BENEFITS. IF YOU DO NOT OPERATE YOUR BUSINESS AS A CORPORATION, PLEASE CHECK WITH YOUR ACCOUNTANT TO DETERMINE YOUR TAX DEDUCTIBILITY AS TO YOUR PAYMENT TO THE INSURANCE FUND OR YOUR COMPANY'S OWN INSURANCE PLAN.

- ◆ PLUMBERS LOCAL 98 DEFINED CONTRIBUTION PENSION PLAN (D/C PLAN): YOU MAY OR MAY NOT CURRENTLY BE CONTRIBUTING TO YOUR OWN COMPANY'S QUALIFIED PLAN SUCH AS A 401K PLAN, ETC. IN ANY EVENT, THE MANDATORY CONTRIBUTION TO THE PLUMBERS LOCAL 98 DEFINED BENEFIT PLAN (D/B PLAN) DOES NOT CONFLICT WITH YOUR RIGHT TO CONTINUE TO CONTRIBUTE TO YOUR COMPANY'S QUALIFIED PLAN AS LONG AS YOUR CONTRIBUTIONS TO THE DB PLAN, DC PLAN, AND THE QUALIFIED PLAN DO NOT EXCEED TWENTY-FIVE PERCENT (25%) OF YOUR COMPENSATION PAID OR ACCRUED DURING A GIVEN TAXABLE YEAR.

IF CONTRIBUTIONS TO THE DB PLAN AND YOUR COMPANY'S QUALIFIED PLAN DO NOT EXCEED THE 25% LIMIT, THIS WILL ALLOW YOU THE OPPORTUNITY TO CONTRIBUTE TO THE PLUMBERS LOCAL 98 DC PLAN, WHICH IS PROVIDED AS AN OPTION TO YOUR COMPANY. YOU MAY VERIFY YOUR COMPLIANCE WITH THE INTERNAL REVENUE CODE BY CONTACTING YOUR ATTORNEY OR TAX CONSULTANT.

***** REVERSE SIDE OF WORKING PRINCIPALS CONTRIBUTION REPORT *****