

**EMPLOYER** 

## Millworkers Health and Welfare Plan (Unifor) Fund REMITTANCE REPORT

## **Plan Administration Office**

45 McIntosh Drive, Markham, ON, L3R 8C7 questions@millworkersuniforbenefits.org 1-800-263-3564

PHONE

ADDRESS						<del>-</del> -		CONTACT	
FOR THE MONTH OF : Period covered from:				_			CHECK HERE IF	FAX: YOU NEED MORE FOR	
CIN	CURNAME	EMPLOYEE	INITIALO	LOCAL	STRAIGHT TIME		TOTAL	GROSS WAGES	UNION DUES
SIN	SURNAME		INITIALS	UNION	HOURS WORKED	HOURS WORKED	HOURS WORKED	(including Vacation and Statutory pay)	% of Gross Wages
									-
									-
				1					
PAYMENT COVERS:									
PATMENT COVERS.									
Health & Welfare Plan		Total Hou	ırs worked			\$2.55	_	¢	
Apprenticeship & Training F	und		irs worked		_	_ \$2.33 \$0.24		\$ \$	
Social Justice / Humanity Fu			irs worked			_			
	inu		irs worked			\$0.01 \$0.21		<u>\$</u> \$	
Administration Fund		i otai Hot	irs worked		-	<u>\$</u> 0.21	=	<u>\$</u>	
Union Dues (% of Gross Wa	iges, including	acation and st	atutory nav	)			=	\$	
23 2.000 (70 01 01000 170	.5.50,510019	and of	a.c., pay	,					
							TOTAL DUE:	\$	

CHEQUE TO BE MADE PAYABLE TO: MILLWORKERS HEALTH AND WELFARE PLAN (UNIFOR) TRUST FUND