

MCTWF CONTRIBUTION REMITTANCE STATEMENT • GENERAL INSTRUCTIONS

THIS FORM IS TO BE USED ONLY FOR THE MICHIGAN CONFERENCE OF TEAMSTERS WELFARE FUND (MCTWF).

The employees listed are those that you contributed for the prior month. Please modify the bill to reflect the following:

- additional employees and their date of hire
- changes to status and dates
- hours worked/compensated & dollar amount due
- employer contribution hours due on obligations pursuant to the Collective Bargaining Agreement and/or Participation Agreement.

HOW TO USE THIS REPORT

- STEP 1** Review the list of employees to ensure all current employees are listed
- STEP 2** Add any missing current employees at the bottom or on a separate page if necessary. Include social security number, name and current status code. Refer to the front of the form for status codes and their descriptions.
- STEP 3** For all new hires, include social security number, name, and date of hire using the status code "NH".
- STEP 4** For employees not active in a given week insert the appropriate status code in the week ending column and note the last day worked. If the employee is not active for the entire month, insert the applicable status code in the full month column and indicate the last day worked.
- Note: Before discontinuing contributions on an employee who is not actively working, please check your Collective Bargaining Agreement and Participation Agreement for any continuing obligation you may have.
- STEP 5** Ensure that all status change events are accurate - status codes and dates.
- STEP 6** Calculate amounts;
- Report all hours (worked/compensated, employer obligations) for employees for each week ending Saturday in the contribution month, calculate the dollar amount due (hours X your contribution rate) and write the amount in the total amount due column.
 - For employees returning to active employment insert the status code "AC" in the status code column, and note the date of return to work.
 - If retroactive payments are being made with the Contribution Remittance Statement, note the amount of hours followed by the periods being paid on the employee line of the Contribution Remittance Statement. Written corrections **MUST** accompany the Contribution Remittance Statement explaining the reason additional payments are being made, including the employee's name, social security number, hours, and the week endings involved.
- STEP 7** Note all amounts in the Summary section of the report in the Adjusted Amount column at the bottom of the statement, to the right of the billing summary item originally billed, including the recalculated total amount due.

The *EMPLOYER ACCOUNTS POLICY* of the Trustees of the Michigan Conference of Teamsters Welfare Fund requires timely payment of employer contributions.

Contributions are due on the 10th of the month following the month billed. Contributions are deemed delinquent if not paid on or before the 15th day of the month following the month billed. Interest on overdue contributions will be calculated and billed at .854% per month for each month (or part of a month) that contributions are overdue. This equals an annual interest rate of 10.25%. Interest will continue to accrue until the date full payment is received by the Fund. If contributions are not received within 30 days of the due date, a late fee (i.e. an assessment for liquidated damages), in addition to interest, will be charged. Employers that fail to make timely contributions are subject to court action and additional charges for attorney's fees and costs. Contribution payments will be applied first to accrued interest. Please refer to Article VI of the Fund's Employer Accounts Policy and Procedure booklet for further explanation.

- STEP 8** If your company was not in operation or did not have any active employees for the period involved, report the COBRA qualifying events and update the status codes using the appropriate dates. When all employees are inactive for the month and the amount due is zero, the Contribution Remittance Statement nevertheless **MUST BE RETURNED** to the MCTWF at the address indicated on the enclosed self-addressed envelope. This will enable us to update our records accordingly.
- STEP 9** Write in the amount of your company check, the check number and the date on the deposit slip. The deposit slip is the final page of the Contribution Remittance Statement.
- Enclose the deposit slip, your check and the entire Contribution Remittance Statement in the pre-addressed bank envelope and mail.
 - When paying more than one month at a time, each month's Contribution Remittance Statement **MUST BE RETURNED** to the MCTWF at the address indicated on the enclosed self-addressed envelope. However, your remittance can be made in one check.

CONTRIBUTION CONTROL DEPARTMENT
(313) 964-2400 or (800) 572-7687