

MCTWF CONTRIBUTION REMITTANCE STATEMENT • GENERAL INSTRUCTIONS

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

The employees billed for are those that you contributed for the previous month. We have assumed that each employee will be compensated for each work week (Sunday through Saturday) of the billing month and therefore, that contributions are payable for the entire period. If this is your first Contribution Remittance Statement, employees listed are those that your company identified as actively employed. For credit requests on the previously paid Contribution Remittance Statement, please use the enclosed Credit Adjustment Form. Employers must contribute for each employee at the contribution rate tier applicable to the Employee's status as determined by MCTWF (as noted on the statement: S- Single, ES- Employee Plus Spouse, EC- Employee Plus Children, F- Family). Please modify the bill to reflect the following:

- additional employees and their date of hire
- COBRA qualifying events and dates of events
- other changes to status codes and dates
- recalculated amounts

Please do not report any tiered status changes on employees (Example: Single to Family). Employee's tiered coverage status is determined by MCTWF and any changes to this status will not be accepted.

HOW TO USE THIS REPORT

- STEP 1** Review the list of employees to ensure all current employees are listed. For New Hires, see STEP 3.
- STEP 2** For all employees returning to active employment insert the status code "AC" in the appropriate Week Ending {"WE*"} column, and note the date of return to work.
- If retroactive payments are being made on a current employee with the Contribution Remittance Statement, note the amount in the Adjusted Amount column followed by the week endings 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 and the week endings involved.
- STEP 3** For all new hires, include social security number, name, and date of hire using the status code "NH". In order to be eligible for benefits, MCTWF requires all new hires to submit a fully completed Enrollment Card and all required supporting documentation.
- STEP 4** If you anticipate that an employee will not be actively working in a given week, insert the appropriate status code in the Week Ending column and note the last day worked. If the employee will not be active for the entire month, insert the applicable status code in the Full Month column and indicate the date in the Last Day Worked column. **Note:** Before discontinuing contributions on an employee who is not actively working, please check your Collective Bargaining Agreement and Participation Agreement for any continued obligation you may have.
- STEP 5** Ensure that all COBRA qualifying events are accurate - status codes and dates. If a contribution is not received for all weeks from your company, then the affected employees will automatically be sent a COBRA notification. If for some reason you are unable to submit your payment in a timely manner, this does not relieve you of your responsibility of notifying MCTWF in a timely manner regarding COBRA qualifying events. Notification will be accepted in letter form provided the employee's name, social security number, qualifying event and date are indicated. This information is to be sent to: Account Services Department, MCTWF, 2700 Trumbull Avenue, Detroit, Michigan 48216-1629.
- STEP 6** If there are any changes to employees for the current month, recalculate the dollar amount due and write the new amount in the Adjusted Amount column.
- STEP 7** Please use the enclosed Credit Adjustment Form when requesting retroactive contribution credit adjustments for the previous billing period. This form should only be used when a change in an employee's status occurs. The Fund will only review credit adjustment requests for the month immediately preceding the current billing period. Credit adjustment requests are not allowed if there are outstanding balances currently on the company account. Please be sure to include any amounts due/credited from the Tiered Rate Adjustment Summary.
- STEP 8** In the Summary portion of your Statement, include all adjustments to current contributions from the Contribution Remittance Statement and indicate the total amount on the Adjustments to Current Contributions line. Include the total contribution credit amount on the Credit Adjustment line. Then indicate the total amount of your remittance on the Amount Enclosed line. Please amend the *Weeks Paid line at the bottom of the Summary portion of your bill if necessary.

The *Employer Accounts Policy & Procedures* of the Trustees of the Michigan Conference of Teamsters Welfare Fund requires timely payment of employer contributions. Contributions are due on the 1st of the month for the current month billed. Interest on overdue contributions will be calculated as of the 6th of the month and billed at 0.00925% per month for each month (or part of a month) that contributions are overdue. This equals an annual interest rate of 11.10%. 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 9** 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 MCTWF at the address indicated on the enclosed self-addressed envelope. This will enable us to update our records accordingly.
- STEP 10** 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 MCTWF at the address indicated on the enclosed self-addressed envelope. However, your remittance can be submitted in one check.

ACCOUNT SERVICES DEPARTMENT
(313) 964-2400 or (800) 572-7687