☐ TRAVELING CONTR.
☐ PERMANENT CONTR.

MONTHLY PAYROLL REPORTING FORM
NATIONAL ELECTRICAL BENEFIT FUND
NATIONAL ELECTRICAL ANNUITY PLAN

STAPLE CONTINUATION SHEETS HERE

PLEASE TYPE OR PRINT

NAME

ADDRESS

CITY, STATE

LOCAL UNION NO. WHERE WORK IS PERFORMED.....

EMPLOYER'S FEDERAL REGISTRATION NO. .....

TOTAL NUMBER EMPLOYED THIS PERIOD →

Journeyman
Lineman
Wage Rate
Per Hour $

This Transmittal Covers ALL Payroll Weeks Ending as Shown Below

...../...../..... ...../...../..... ...../...../..... ...../...../..... ...../...../.....

This report and payment shall be mailed to reach the office of the appropriate Collection Agent not later than fifteen (15) calendar days following the end of each calendar month. SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS.

CLASSIFICATIONS TO BE USED IN COLUMN NO. 3

1 Building Construction
2 Motor Repair
3 Sign
4 Communication
5 Maintenance
6 Inside Apprentice
7 Outside Construction
8 Outside Apprentice
11 Outside Journeymen
12 Outside Apprentice
13 Others — Outside
16 Manufacturing
17 Maintenance (Other than Electrical Contractors)
18 Utility
19 Communications (Other than Electrical Contractors)
22 Residential Journeyman
23 Residential Apprentice
24 Material Handlers/Helpers
26 Other (Including Non-Bargaining Admin)
27 "Alumni"

COLUMN 1			COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7
SOCIAL SECURITY NUMBER			NAME OF EMPLOYEE LAST NAME, FIRST NAME AND INITIALS	CLASS	NEBF TOTAL CLOCK HOURS	NEBF GROSS EARNINGS	NEAP TOTAL CLOCK HOURS	NEAP GROSS EARNINGS
				TOTAL THIS PAGE				
TOTAL NUMBER PAGES THIS REPORT				GRAND TOTAL ALL PAGES				

MAKE CHECK PAYABLE TO NATIONAL ELECTRICAL BENEFIT FUND FOR 3% OF THE GROSS EARNINGS (COL. 5) ..... $_____

MAKE CHECK PAYABLE TO NATIONAL ELECTRICAL ANNUITY PLAN **TOTAL COL. 6 x _____ per hour _____**

MAIL CHECKS TO: **OR TOTAL COL. 7 x _____ % _____**

Check here

First report in this Local Union area -------

Final report in this Local Union area -------

When more forms are needed -------

CHECK TYPE OF BUSINESS ENTITY

SINGLE PROPRIETORSHIP ____ CORPORATION ____

PARTNERSHIP ____ ____

Form MPR-3 Revised (1-94)

The employer reporting herein recognizes that it is bound by the Restated Employees Benefit Agreement and Trust for the National Electrical Benefit Fund (NEBF) and the National Electrical Annuity Plan Agreement and Trust (NEAP) and agrees to make the required contributions to the NEBF and NEAP as provided for therein. The employer acknowledges having received a copy of the above Agreements. The employer certifies that the information contained in this report is a full and accurate statement of hours worked and wages earned of all employees subject to employer contributions (pursuant to Article 6 of the Agreements). The employer further certifies that if contributions are made on behalf of non-bargaining unit employees, it is making such contributions in accordance with Article 6 of the Agreements and it is either covering all such non-bargaining unit employees or alumni employees only, except those who may be excluded pursuant to Section 6.3 of the NEBF Agreement and Section 6.2 of the NEAP Agreement. The employer further certifies that if it is reporting on behalf of a related organization as defined in Article 6 of the Agreement, either all employees of the organization or alumni employees only are covered, except those who may be excluded pursuant to Section 6.3 of the NEBF Agreement and Section 6.2 of the NEAP Agreement.

FIRM NAME _____

SIGNATURE & TITLE _____

DATE _____

NEBF/NEAP