



HAPPY

New Year

The Laborers Funds Administrative Office would like to wish you a Happy New Year!

Looking forward to 2023:

- The 2022-2027 Collective Bargaining Agreement has new language regarding the submission of contribution reports.

Effective July 1, 2023 – Employer remittances of hourly contributions for all fringe benefits required under Section 28 shall be transmitted via an electronic employer portal to the Northern California Laborers Trust Funds.

- For information on submitting electronic payments (ACH or EFT) please reach out to our office at (707) 863-3480.
- Need a status letter, assistance with portal or any other employer services – please visit our Help Desk, [Click here.](#)
- We are back in full swing with in-person audits.
- Please visit our website at LFAO.org for some excellent employer resources.

Discrepancy & Liquidated Damages Statements:
10th - 12th of each month

Employer Reporting Forms:
23rd - 25th of each month

Delinquency Notices:
22nd - 25th of each month

Employer Services Phone Menu

When calling our department phone number, **707-863-3480**, you can choose from the following menu options:

- Employer Services - 1
- Delinquencies - 3
- Reciprocity - 5
- Web - 2
- Audit - 4
- LDs - 6

Delinquency Notice

Employer contributions are due the 15th each month. If the monthly contributions or reports are not received or postmarked by the 25th, contributions are considered delinquent. Each month, as the 25th nears, the Fund will issue a Delinquency Notice that lists the report period missed.

If you receive a Delinquency Notice, but are certain that the report was mailed on time, the report and notice likely crossed in the mail. If this is the case, call the Employer Services department to confirm receipt of your report. If you did not employ any laborers for the period listed on the Delinquency Notice, simply sign it where indicated and return to the Fund Office via mail or email to AR@lfao.org or log into the Employer Portal and select the appropriate box.

If your report is not yet mailed, please do so immediately. Remember, contributions received late are subject to liquidated damages and interest. To avoid a Delinquency make certain that the contribution form and report are submitted on time and completed accurately.

Completing Your Contribution Form

Do's:

- Use Contribution Report Form mailed to you
- Submit contribution report if you have NO hires for the month
- Write laborers' SSNs and DOBs clearly
- Inactivate the mailing of reporting forms if no longer employing laborers
- Verify contribution columns added accurately
- Mail contribution reports/payment to BANK
- Report prior month adjustments on separate sheet and send it to the Trust Fund Office.

Don't's:

- Copy a previous report to use; it has a unique number that is only valid once. If you need to report additional hours for a previous period or need a supplemental report, contact the Trust Fund Office.
- Create your own report for submission - rather use the one sent to you by the Trust Fund as it has a unique identifying number.
- Send payment by certified mail

Reporting requirements under Section 28A of the Laborers Master Agreement

If any of your employees are no longer performing covered work within the recognized jurisdiction of the Northern California Laborers Master Agreement and your collective bargaining agreement and your company desires to continue coverage on their behalf please contact the Laborers Local Business Manager in your area to identify names and classifications of any such participating individuals and execute a supplemental participation agreement with that information. Contributions on behalf of supervisory personnel above the rank of foreman are allowed under the provisions of the Laborers Master Agreement as identified in Section 28A.

In coordination with your Local Union Business Manager, written notification of your classification changes in personnel will need to be provided to the Laborers Administrative Trust Funds Office in order that appropriate reporting forms may be provided to your company. If you have any questions please contact the Northern California District Council of Laborers or your Local Business Manager. Review the diagram on the next page for more information.



EMPLOYER SERVICES HELP DESK



Services the Help Desk Offers

- Help with Rate Changes
- Request Status Letters
- Employer Portal Assistance
- Help with Contribution Reports
- Reciprocity Questions
- Subcontracting Requirements
- Reporting Status

Need Assistance, please contact:

Leilani Allen 707-366-7270

Sara Ruiz ext. 707-366-7274

Jessica Obando 707-366-7276

Login Instructions: **[Click Here](#)**

Employer Portal



2022-2027 Laborers Master Agreement for Northern California

Effective July 1, 2023 – Employer remittances of hourly contributions for all fringe benefits required under Section 28 shall be transmitted via an electronic employer portal to the Northern California Laborers Trust Funds.

<https://norcalaborers.org/employers/employer-portal>

It's as easy as 1 - 2 - 3

1

Log on anywhere at any time!
Less chance of error.
Hold historical records.
No more PAPER!
End cumbersome calculations.
The math is done for you.
Safeguards account information.

2

To get started call (707) 863-3480
for an invitation code & brief
Instructions.
Jessica O. ext. 276
Leilani A. ext. 8270
Jessica P. ext. 8275
Sara R. ext. 8274

3

For step-by-step Guide,
[click here](#)
Proceed to employer portal,
[click here](#)
Convenient - Eco-friendly - Secure

Sign up for EFT or ACH payments. No more writing checks. No more postage for mailing or mail delays.
You schedule remittance and payment for processing. View and download your reporting history.

LFAO AUDIT PROCESS OVERVIEW

Overview of Laborers Funds Administrative Office (LFAO) Audit Process.

- An audit request letter is mailed to the signatory employer.
- LFAO Auditor reaches out to the employer to schedule an audit date.
- The audit is performed at the employer's location, or the employer can upload the required documents to the employer audit portal.
- Once the audit is completed the LFAO Auditor will submit the completed audit to the Trust Funds analyst.
- If no discrepancies are recorded the audit file will be closed and a letter will be mailed to the employer.
- If there are discrepancies the LFAO analyst will verify the employers' rates and mail the audit results to the employer for their review and response.
- The employer is encouraged to review the audit worksheets and respond with any additional documentation.
- Once the audit has been reviewed an invoice will be mailed to the employer.
- When payment is received the audit will be closed.



Employer Audit Documents

Primary Items needed for an audit

- Compensation/Payroll
- W/2 –W/3's, 1099 & 1096
- Reporting Forms-Other Trades
- DE-9 C's
- Workers Compensation Reports
- Subcontractor Invoices

Supplemental Documents

- Employee payroll timecards
- Payroll Journals
- Forms 941
- Check Register/Cash Vouchers
- 1120-1040's or Partnership Returns
- General Ledger

Questions ?

If you have received an Audit letter from LFAO, please Contact the Auditor. Below is the contact information for our staff.

LFAO Field Auditors

- Joe Shephard: email jshepherd@lfao.org, cell phone 707 384-0891
- Anabel Llanos: email anllanos@lfao.org, cell phone 707 386-1223
- Andrew Fernandez: email afernandez@lfao.org, cell phone 707 366-4551

If you need further assistance, please feel free to contact the audit Manager.

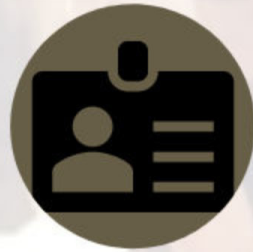
Ana Sorensen, cell phone 707 419-0384, Audit Manager.



Money Follows the Member

Traveling to Northern California or elsewhere

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MAKE CONTACT:

Reach out to the local union hall where you are traveling too, Immediately! Inform them you are a traveler.



FORMS:

Fill out all appropriate forms

1. Enrollment Form
2. MFM Form
3. Vacation Dues Form



RE-FILL OUT FORM:

MFM Forms are valid for 12 months. Form will need to be filled out annually and submitted to Local or Trust.

Start

Locals and Employer:

Make sure there is a Reciprocity Agreement in place.

If no agreement is in place:

STOP...funds will not transfer for non-signatory employers.

If an agreement is in place:

You can move forward.

MEM:

Money follows the man. This form lets the cooperating trust know whom you work for and where your home trust may be.
Must be done annually.

Gather your paperwork

Fill out appropriate forms (3x).

Connect with Hosting Local as soon as possible:

Let them know you are a traveler.

Enrollment Form:

Give to the cooperating trust
fund your personal information.
No funds will transfer without.

Vacation Dues Form:

Make sure your supplemental dues are going to hosting local.

Hand all paperwork back:

Return all paperwork to Hosting local or Trust fund office. Mark your calendar MFM are done every 12 months.

<https://norcalaborers.org/members/reciprocity/>

&

<https://norcalaborers.org/forms-and-publications/>

AUTHORIZATION TO TRANSFER CONTRIBUTIONS
UNDER HOLIDAY VACATION TRUST AGREEMENT

Where the work is performed

Cooperating Pension Trust: **Northern California Laborers Pension Trust Fund**

Cooperating Welfare Trust: **Northern California Laborers Health & Welfare Trust Fund**

I have been transferred by my employer from work within the jurisdiction of the Home Trust, to work within the jurisdiction of the Cooperating Trust. I have been cleared through the Home Trust and the Cooperating Trust. I hereby agree to the transfer of my contributions to the Cooperating Trust. I understand that contributions will be transferred to both the Home Pension Trust and Home Welfare Trust, unless one of these Home Trusts is the same as a Cooperating Trust.

Members Home Trust Funds

Northern Nevada Laborers Pension Trust Fund

Name of Home Pension Trust

Northern Nevada Laborers Health & Welfare Trust Fund

Name of Home Welfare Trust

Aerospace Construction Company Reno, NV

Employer's Name

Employer's Address

I understand that this authorization must be filed with the Administrative Office of the Cooperating Trust within 90 days following the beginning of my regular work within the Cooperating Trust's jurisdiction. If this authorization is not filed within that 90-day period, then contributions will only be transferred if an extension is granted for both the Cooperating Trusts and the Home Trusts.

If this authorization is filed within the 90-day time period, contributions are transferred for hours worked commencing on the date of my employment in the Cooperating Trust's jurisdiction, unless benefits have been paid. If benefits have been paid by the Cooperating Trust, contributions will only be transferred to the Home Welfare Trust on a prospective basis. This authorization is only valid for twelve (12) months from the date on which it is signed. However, subsequent Authorizations may be filed.

I understand that upon transfer of contributions, the Cooperating Trusts will act solely as the agent of the Home Trust, and as such, I shall be subject to the eligibility rules of the Home Trust. I further understand that in the event the contribution rate of the Cooperating Trusts and Home Trusts differ, the Trustees of the Home Trusts, in their discretion, may determine how such transferred contributions will be credited and may adjust benefits or eligibility to be provided accordingly.

I hereby release (on behalf of myself as well as on behalf of anyone claiming through me) and further discharge the Cooperating Trusts and their Trustees of and from all claims, demands, actions, causes of actions or suits with respect to any contributions so transferred and for any benefits or credits which would have accrued or become payable to me, or my beneficiaries, had I not authorized this transfer of contributions. I have made this election to transfer contributions to the Home Trusts indicated above, acknowledging the possibility that such election may not always be advantageous to me and to my beneficiaries. Accordingly, I hereby further release (on behalf of myself as well as on behalf of anyone claiming through me) both the Cooperating Trusts and their Trustees from any liability or claim that the transfer of contributions may be made.

Member Info

Member's Name: **Joe Labovoy** Home Local: **102** ID#: **100-91-124**

Home Address: **551 Happy Lane, Reno, NV 89514**

Signature: **Joe Labovoy** Date: **January 1, 2018**

This Authorization is not valid unless signed by Authorized Union Representative.

Local Union No. **102** Clearance

Authorized Union Representative: **Northern California Laborers Local 102** Date: **01/01/18**

Prize Run Dispatched: Pension **Health & Welfare**

Local Union clearance where work is performed

Local Union Prize benefit rate dispatched

LABORERS FUNDS ADMINISTRATIVE OFFICE OF NORTHERN CALIFORNIA
6672 Stoneridge Drive, Suite 100, Pleasanton, CA 94566 • Telephone: (925) 864-2888 or Toll-Free at 1-800-244-4588
E-Mail Address: enrollment@lfa.org • Website: <http://www.lfa.org> (also 484)

ENROLLMENT FORM

IMPORTANT: By submitting this form, you understand that the information will be used by the various Trust Funds established by the Laborers Funds Administrative Office of Northern California that are applicable to you for the purpose of communication, enrollment and benefit designation. Complete only the sections that apply.

PART I. PARTICIPANT INFORMATION (Please print clearly using ink pen.)

SOCIAL SECURITY NUMBER: NAME: FIRST MIDDLE LAST

PHYSICAL ADDRESS: CITY STATE ZIP CODE

MAILING ADDRESS (if different from above): CITY STATE ZIP CODE

HOME PHONE: CELL PHONE: E-MAIL ADDRESS (if any) LOCAL UNION NO. ☐ Checkable possible previous member information on back of form or E-mail

DATE: MONTH DAY YEAR GENDER: MALE FEMALE PRESENT MARITAL STATUS: SINGLE MARRIED DIVORCED SEPARATED MONTH DAY YEAR PREVIOUS MARITAL STATUS (if applicable): MALE OR FEMALE DATE OF DIVORCE: DATE OF DIVORCE

PART II. LABORERS HEALTH AND WELFARE PLAN

A. Enrollment - Dependent Information (Attach a separate sheet for any dependent with different address than above)

IMPORTANT: Add new or delete previously enrolled dependents below. The term "dependent" is defined in your Health and Welfare Plan and includes your legal spouse or your "domestic partner" (only if you are an Active Employee, your or your "domestic partner" children under age 26 regardless of marital status or unmarried children age 26 or older who are totally handicapped. If you are a Retired Employee, you must pay the applicable monthly premium for dependent coverage.

Unless documents have been previously provided, you are required to mail the applicable document(s) below to the Fund Office to substantiate your relationship to your dependent(s). Write your SSN on each of the document for identification purposes.

Document Required:

SPOUSE: Marriage Certificate. If you are divorced and you are either seeking your ex-spouse or adding a new spouse, you must provide a copy of the Final Decree of Divorce. Your ex-spouse will have dependent status as of the date of dissolution.

DOMESTIC PARTNER: Domestic Partner Certificate and written statement from your employer certifying that it has entered into a job contract with the State of California, County of San Mateo, City or County of San Francisco, City of Oakland or Sacramento.

NATURAL/STEP-ADOPTED CHILD: Birth Certificate and legal adoption document for adopted child.

LEGAL GUARDIANSHIP: Legal Guardianship papers or documents from a Court appointing you as the legal guardian.

FOSTER CHILD: Proof of foster child placement or custody from a placement agency or a Court appointing you as the legal parent.

ADD or DELETE	Relationship	Gender	Name (first, middle initial and last)	Date of Birth Month Day Year	Social Security No.
<input type="checkbox"/> Add	<input type="checkbox"/> Spouse or <input type="checkbox"/> Domestic Partner	<input type="checkbox"/> Male <input type="checkbox"/> Female			
<input type="checkbox"/> Add	<input type="checkbox"/> Child	<input type="checkbox"/> Male <input type="checkbox"/> Female			
<input type="checkbox"/> Add	<input type="checkbox"/> Child	<input type="checkbox"/> Male <input type="checkbox"/> Female			
<input type="checkbox"/> Add	<input type="checkbox"/> Child	<input type="checkbox"/> Male <input type="checkbox"/> Female			
<input type="checkbox"/> Delete	<input type="checkbox"/> Spouse or <input type="checkbox"/> Domestic Partner	<input type="checkbox"/> Male <input type="checkbox"/> Female			
<input type="checkbox"/> Delete	<input type="checkbox"/> Child	<input type="checkbox"/> Male <input type="checkbox"/> Female			
<input type="checkbox"/> Delete	<input type="checkbox"/> Child	<input type="checkbox"/> Male <input type="checkbox"/> Female			

* You will be responsible for any incorrectly paid claims resulting from your failure to notify the Fund Office of changes in dependent status, such as, but not limited to, death, divorce, or loss of legal guardianship. This form will be returned if you fail to provide the dependent's date of birth and Social Security number.

Revised 09/5/2013

NORTHERN CALIFORNIA LABORERS VACATION-HOLIDAY DUES SUPPLEMENTAL AUTHORIZATION

I, _____, hereby authorize _____ (Print Name)

The Laborers Vacation-Holiday Trust Fund for Northern California to deduct the Dues Supplemental amount specified in Section 2(b)(5) of the Northern California Laborers Master Agreement, and any extensions and modifications thereof, and successor agreements thereto, for the same or similar agreements to which the Northern California DISTRICT COUNCIL OF LABORERS is a party from my undistributed Vacation-Holiday Benefit, for all hours paid for or worked by me, on and after August 1, 1974 and until said Supplemental Dues amount directly to the Northern California DISTRICT COUNCIL OF LABORERS.

This authorization may be revoked by me, in writing to the Laborers Vacation-Holiday Trust Fund, within the 30-day period prior to the expiration of said Northern California Laborers Master Agreement, and any extensions and modifications thereof, and successor agreements thereto (or such other applicable agreement) or one year from the date thereof whichever is sooner. If not revoked, this authorization shall be deemed as renewed from year to year thereafter.

PLEASE COMPLETE THIS FORM IN FULL AND PRINT OR TYPE IN BLACK INK ONLY.

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Social Security No.: _____ No. Co. Local Union No.: _____

Signature of Laborer: _____ Date Signed: _____

NORTHERN CALIFORNIA DISTRICT COUNCIL OF LABORERS
4780 Chabot Drive, Suite 200 | Pleasanton, CA 94588-3322
Telephone: 925-409-6880

Enrollment Local Union No. _____
NCL Laborers Trust Fund Office, (607) Stoneridge Dr., Suite 100, Pleasanton, CA 94566

LOCAL UNION OFFICE		TRUST FUND OFFICE	
Quality Check-off	Received By:	Reason(s) for Rejection:	Received Date:
Local:			
Date:	<input type="checkbox"/> illegible	<input type="checkbox"/> Missing Signature	<input type="checkbox"/> Missing Local
Initials:	<input type="checkbox"/> Missing SSN	<input type="checkbox"/> No Member File	<input type="checkbox"/> Other:

File: 484 Form Supplement (09/09/2013) (09/09/2013)



Laborers Trust Fund Portal Update!

ATTENTION PORTAL EMPLOYERS

The Employer Portal has recently been updated. With this new update you may see some enhancements and changes. One change to be aware of is that as you enter the hours the system will load in the shift/work classification code automatically. The default may not be the code you intend to use. Please verify that the correct code is being used when submitting your reports. In most cases you will use "J" for journeyman.