



LFAO HAS MOVED TO PLEASANTON



**5672 Stoneridge Drive
Suite 100
Pleasanton, CA 94588**

Should you have any questions, please
contact the Trust Fund Office Employer
Services Department at 707-863-3480.

IMPORTANT REMINDER:

- Please make sure that all documents being mailed to LFAO are sent to the new address mentioned above or to:
PO Box 882913, San Francisco, CA 94188-2913.
Please note that any mail sent to our previous address will be returned to sender.

* For quick access to our new office location and directions, scan the QR code above by simply using your camera app on your Iphone or Android device. For more information visit www.LFAO.org.

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.

Dont'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 Support Service – [click here](#)

Amenities:

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

Need Assistance login in?
Contact Leilani Allen (707) 366-7270
Login Instructions: [click here](#)

Reporting Contributions Online

Convenient – Eco-Friendly – Secure

- ☐ Log on anywhere and anytime!
- ☐ Decreases the chances of error.
- ☐ No cumbersome calculations.
- ☐ Keeps a Historical record.
- ☐ Less paper.
- ☐ No need to mail checks, alternative options: EFT or ACH.
- ☐ Safeguards account information.

For an Invitation Code and Brief Instructions, please call (707) 863-3480 Jessica O. ext. 8276, Leilani A. ext. 8270 Jessica P. ext. 8275 Step-by-Step Portal Guide, [click here.](#)

To Proceed to the Employer Portal, [click here.](#)



EFT & ACH



No need to mail in checks!

Submit your Contribution Reports by Electronic Fund Transfer (EFT) or Automated Clearing House (ACH)

Reporting online, sign up for EFT.
Mailing in reports or Report online, sign up for ACH.

Please contact us at **AR@lfao.org** for our bank account information.

Please indicate your company name, employer ID and reference number in the memo section of the ACH payment so we can easily identify and apply your payment to your contribution report of hours and send your file in a CTX format.





UPDATING CONTACT INFORMATION

If your contact person or address information has changed, please complete and return the below.

Having accurate documentation on file allows us the opportunity to keep you informed and up to date. **If you are using a PO Box, please be sure to provide us with your companies physical address for our records. We will continue to send mail to your PO Box unless otherwise indicated.**

Please list the name of the individual in your office that would be our contact for contributions, payroll and portal navigation. Once we have updated your information we will be sending you an invitation code to set up your profile on our Employer Portal.

Employer Name			
Employer ID			
Federal ID			
Contact's First Name			
Contact's Second Name			
Contact's Email			
Employer Phone			
Employer Fax			
Company's Physical Address			
	City	State	Zip Code

Please return this by email to **AR@lfao.org** or by mail to 5672 Stoneridge Drive, Suite 100, Pleasanton CA 94588. Thank you for completing and returning this document promptly.

Sincerely,

Employer Services
Laborers Funds Administrative Office