



## Jurisdictional Area

As a signatory employer to a collective bargaining agreement in Northern California you are required to report and pay contributions to the Northern California Laborers Trust Funds for all work performed in the jurisdiction, regardless where the Laborers home Trust Funds are located.

Your agreement applies to Northern California, i.e. that portion of the State of California above the Northerly boundary of Kern County, the Northerly boundary of San Luis Obispo County and the Westerly boundaries of Inyo and Mono Counties, which includes all counties in-between. Again, any work performed in these counties, must be reported to Northern California Laborers Trust Funds.

If your employees home Trust Funds are outside of Northern California they may request a "Money Follows the Man Agreement" from the local union in the area they are working. This agreement will allow them to transfer their Pension and/or Health and Welfare benefits from Northern California Laborers Trust Funds to their home Trust Fund where the agreement is reciprocated. No action will need to be taken by the employer, if done correctly.

## Online Reporting Employer XG

Online Contribution Reporting! Employer XG is a fast, easy and secure method of submitting your monthly contributions to the Trust Funds Office.

Employer XG calculates the amount due and allows you to choose the payment method.

For more information about Employer XG, call the Trust Funds office. Employer Accounts Department at extension 267.

## Contribution Rate Increase

### *Special Plan Employers*

Contribution rates for all Special Plan Employers (regardless of when the Agreement was signed) will be subject to change each February 1st. Keep in mind that under the new eligibility rule, there is a lag month (a no-eligibility month) between your work month and your eligibility month.

**Special Plan Rate for Active Employees: \$1,084 effective 2/1/15**

## Delinquency Notice

Employer contributions are due on the 15th of each month. If the monthly contributions or reports are not received or postmarked by the 25th of the month, the contribution is considered delinquent. Please note that as the date of the 25th nears, the Fund will issue a Delinquency or "Reminder" Notice that lists the report period that we have yet to receive.

If you receive a Delinquency Notice and you are certain that you mailed your report timely, chances are that the report and notice crossed in the mail. Should this be the case, call the Employer Accounts department to confirm receipt of your report.

If you did not employ any Laborers for the period that is listed on the Delinquency Notice, simply sign the notice where indicated and return it to the Fund Office via mail or fax (707) 864-5856.

If you have not mailed your monthly report, please do so immediately. Remember, if your contributions are received late, they are subject to liquidated damages and interest.

To avoid receiving a Delinquency Notice make certain to submit the monthly contribution and report timely and complete the contribution form accurately.

## Family and Medical Leave Act (FMLA) Reminder

The Family Medical Leave Act (FMLA) requires employers with 50 or more employees to grant leaves of absence of up to 12 weeks in a year to eligible employees for family or medical leave. One of the Act's main provisions requires employers to continue to provide eligible employees with health coverage during a leave of absence. The Health and Welfare Fund has established the following policy to provide coverage to eligible employees for family or medical leave:

1. It is the employer's responsibility to notify employees of their rights under the Act.
2. Employer contributions for employees on leave are to be remitted on the same monthly reporting form used to remit contributions on behalf of other employees and are due on the same date. The names of employees on leave should be marked "FMLA."
3. It is not the Fund's responsibility to maintain coverage for employees on leave whose employers have not made the required contributions.
4. Employees will receive health coverage on the same basis as other Fund participants.
5. Employers will contribute a monthly amount per FMLA employee based on the current hourly contribution rate multiplied by 173 hours (Health and Welfare hours only).

If you have any questions about your obligations to the Trust Fund regarding the Family and Medical Leave Act, please contact the Employer Accounts department at the Fund Office.

## Completing a Contribution Report Form

## Trust Fund Mailing Calendar

### DO

- Do use the Contribution Report Form mailed to you,
- Do submit the contribution report if you have NO hires for the month,
- Do inactivate your account if you no longer employ laborers,
- Do write the laborers' social security number clearly,
- Do verify that the contribution columns are added accurately,
- Do mail your contribution report and payment to the BANK.
- Do report adjustments for prior months on a separate sheet of paper and send it to the Trust Fund Office.

### DO NOT

- Do not copy a previous report to use as it has a unique number that can only be submitted once. If you need to report additional hours for a previous period or need a supplemental report, contact the Trust Fund Office.
- Do not create your own report for submission - rather use the one sent to you by the Trust Fund as it has a unique identifying number.
- Do not send your payment by certified mail as it will delay the payment process.

### **Discrepancy and Liquidated Damages Statements**

10th- 12th  
of each month

### **Employer Reporting Forms**

23rd- 25th  
of each month

### **Delinquency Notices**

22nd- 25th  
of each month

## Contribution Facts

The **Contribution Rates** billed to an employer are determined by their Agreement, not by the Local Union dispatch slip.

Fringe benefit contributions are required for all hours worked and / or paid covered by the Agreement, whether or not the employee is in the union. These contributions are always paid to the Trust Funds, not to the employee.

**Contributions** to the Vacation-Holiday Trust Fund are subject to tax withholding as part of the employee's total compensation. This contribution however is not a part of the hourly wage rate.

Once you begin to report owners, partners, or supervisory personnel above the rank of foreman, you must continue to report them as long as they are in your employ. These personnel should be reported on the basis of one hundred-seventy (170) hours per month, regardless of the hours actually worked.

*Contribution rates may differ if you are not signatory to the Master Agreement.*

## New Telephone System

Please note that as of March 27, 2015, the Trust Fund Office has installed a new telephone system that will enable us to handle your calls more efficiently. The new telephone system comes with different menu options. If you are calling for the first time since March 27th, take time and listen to the prompts to ensure you are directed to the right line.

Below is a guide to help you navigate the new telephone system's menu options:

### Language

[1]- English [2]- Spanish

### Direct Extension

[8]- to dial extension of person you want to reach

### Company Directory

[9] - to access the company directory

### Departments

[1]- Health & Welfare [2]- Pension [3]- Annuity [4]- Vacation [5]- COBRA [6]- Employer Accounts [7]- Accounting [0]- Operator

## TRUST FUND DIRECTORY

### Health & Welfare

Eligibility, doctor or hospital claims, and other medical benefits.

### Accounting

1099R tax forms, W-9 request for taxpayer ID numbers.

### Pension/Annuity

Pension applications, disability credit, annuity and other Pension benefits.

### Employer Accounts

Status of reporting forms, collections, audits.

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