



IRON WORKERS OF WESTERN PENNSYLVANIA BENEFIT PLANS

2201 LIBERTY AVENUE, ROOM 203, PITTSBURGH, PENNSYLVANIA 15222
Telephone: (412) 227-6740 or Toll-free: 1-800-927-3199 • FAX (412) 261-3816

DEPOSIT FUND LOCAL NO. 3

APPRENTICES ONLY - Period _____
Separate reports must be completed for each Apprentice Period.

Name of Firm _____

Signed _____ Telephone No. _____

Address _____

Intending to be legally bound, Employer acknowledges receipt of the current applicable Iron Worker Collective Bargaining Agreement and Welfare, Annuity and Pension Trust Agreements, and agrees and/or reaffirms that Employer is bound by all of the terms thereof relating to fringe benefit contributions.

E-Mail Address _____

Pay Rate	Job Location	Hours WORKED (Equals Column A)	x	Rate	=	IMPACT Contribution
100%			x	\$0.25	=	
95%			x	\$0.24	=	
90%			x	\$0.23	=	
TOTAL IMPACT CONTRIBUTION						\$

Covering the payroll periods ending _____, _____, _____, _____, _____, 20_____

Column 1 Column 2 Column 3 Column 4 Column 5

NAME OF EMPLOYEE and SOCIAL SECURITY NUMBER	Overtime - Double Time (O.T.X2) - Time and one-half (O.T.X1.5) and Straight Time (S.T.) Hours Paid By Pay Period					Column A Total Hours WORKED	Column B Total Hours PAID	Column C Savings Fund Deduction (1.28 x Col. B)	Column D Working Assess. Deduction (5.25% x Col. E)	Column E GROSS PAY
	1.	2.	3.	4.	5.					
Soc. Sec. Nos. must be furnished.										
	OTx2									
	OTx1.5									
	ST									
	OTx2									
	OTx1.5									
	ST									
	OTx2									
	OTx1.5									
	ST									
	OTx2									
	OTx1.5									
	ST									
	OTx2									
	OTx1.5									
	ST									
	OTx2									
	OTx1.5									
	ST									
	OTx2									
	OTx1.5									
	ST									

EMPLOYER CONTRIBUTIONS:	Totals this page >	Column A	Column B	Column C	Column D	Column E
Welfare Plan (\$15.89 x Column B) \$ _____				\$	\$	\$
Pension Plan (\$10.12 x Column B) \$ _____				\$	\$	\$
Profit Sharing Plan (See Reverse Side for Rates) \$ _____				\$	\$	\$
Industry Advancement Fund (\$.24 x Column B) \$ _____				\$	\$	\$
Apprentice Training Fund (\$1.00 x Column B) \$ _____				\$	\$	\$
IMPACT Contribution \$ _____ (From Box Above)				\$	\$	\$
Totals from continued list >				\$	\$	\$
Grand totals >				\$	\$	\$

EMPLOYEE PAYROLL DEDUCTIONS:	(Must Equal Column C)	(Must Equal Column D)
Savings Fund (\$1.28 / hr. paid) \$ _____		
Working Assessment (5.25% of Gross Wages) \$ _____		
Adjustments - explain on reverse side \$ _____		
Total Amount of Check \$ _____		

NOTE: Please indicate by (X) the Employees reported but not performing iron work within the Local Union's jurisdiction.

For Plan Office Use

Check Amt. _____

Date Rec'd _____

Make check payable to: Iron Workers of Western Pennsylvania Deposit Fund.

Forward payment with this form to above address.



LOCAL NO. 3 APPRENTICE RATES EFFECTIVE JUNE 1, 2024 - MAY 31, 2025

	Period 1	Period 2	Period 3	Period 4	Period 5
Hours:	0-699	700-1,399	1,400-2,799	2,800-4,199	4,200+
Wages:	\$26.94	\$27.93	\$28.93	\$31.92	\$35.90
Profit Sharing:	\$2.18	\$2.98	\$3.88	\$5.23	\$8.07

To confirm apprentice pay rates, please contact the Apprenticeship at 412-471-4535.

EMPLOYER CONTRIBUTIONS:

Welfare Plan
\$15.89 Per Hour Paid (\$15.89 x Grand Total of Column B)

Pension Plan
\$10.12 Per Hour Paid (\$10.12 x Grand Total of Column B)

Profit Sharing Plan
SEE ABOVE CHART FOR RATES

Industry Advancement Fund
\$24 Per Hour Paid.....(\$24 x Grand Total of Column B)

Apprentice Training Fund
\$1.00 Per Hour Paid.....(\$1.00 x Grand Total of Column B)

IMPACT Contribution

For a 100% pay rate job: \$.25 times the number of hours worked on each job.

For a 95% pay rate job: \$.24 times the number of hours worked on each job.

For a 90% pay rate job: \$.23 times the number of hours worked on each job.

EMPLOYEE PAYROLL DEDUCTION:

Savings Fund
\$1.28 Per Hour Paid.....(Grand Total of Column C)

Working Assessment
5.25% of Gross Pay.....(Grand Total of Column D)

TOTAL HOURS PAID (Column B)

The total Straight Time Hours plus two times the number of Overtime Hours or 1.5 times the number of Overtime Hours.

Examples:

Hours Worked = Hours Paid

8	Overtime Hours (double)	
40	Straight Time Hours	40+(2x8)=56

8	Overtime Hours (time & one-half)	
40	Straight Time Hours	40+(1.5x8)=52

WEEKLY COLUMNS:

Indicate Overtime — Double Time (O.T. x2) and Time & one-half (O.T. x1.5) separate from Straight Time (S.T.) Hours.

LIQUIDATED DAMAGES AND INTEREST:

Remittance reports and payments are due by the fifteenth day of the month following the month to be reported. In accordance with the Collective Bargaining Agreement, this report and payment for contributions must actually be received by the Plan Office by the fifteenth (15th) day of the month following the month for which the report and payment have been made, or by each Friday, following the pay period ending date, when weekly contributions are required.

The following charges shall apply to any employer who fails to make proper remittance to this Fund Office:

1. Employer shall be obligated to the Fund for interest on all delinquent contributions and other monies payable to the Fund at the rate prescribed by the Internal Revenue Code (26 U.S.C. #6621) until paid;
2. Employer shall also be obligated to the Fund for liquidated damages, not as a penalty, but as a pre-determined and agreed upon amount as follows: Twenty percent (20%) of the amount of the contributions covered by each delinquent payment and/or report, but in no event shall such damages be less than \$750.00;
3. In the event that legal action to collect delinquent payments is required, attorneys' fees in the amount of: (i) twenty percent (20%) of the total amount due to the Fund; (ii) the amount shown by affidavit submitted by the Fund Counsel; or (iii) \$750, whichever is greater, plus all other costs and expenses related to the collection of such delinquency shall be assessed against the delinquent employer.

Please forward payment and report form on a timely basis so that interest and liquidated damage charges will not be applicable.