

Pipe Trades Services MN  
4461 White Bear Pkwy, Suite 1  
White Bear Lake, Minnesota 55110

Phone # : 651-645-4540

# FRINGE

# BENEFIT

# REPORT

This Fringe Benefit Report is DUE BY THE 15th of each month. Payments and reports RECEIVED AFTER THE 20th will be assessed liquidated damages at the following rates:

1-10 days late = 3% of total fringes paid

11 or more late = 10% of total fringes paid

Benefits checks received within 3 business days of the End-of-Month closing dates as posted on the PTSMN Website ([www.ptsmn.org](http://www.ptsmn.org)) must be paid with a **cashier's check** in order to be processed within that month.

To complete this form:

1. Enter the HOURS paid for each employee during the month being reported (you may use Payroll Periods if you prefer).
2. Multiply each employee's HOURS by the RATE, and put the result in the BENEFITS column. **(NEVER change RATES for O.T. - increase the reported HOURS - see \*OVERTIME NOTE).**
3. Total the HOURS and BENEFITS columns and complete the REPORT TOTAL SUMMARY.
4. Add the \$1.25 handling fee, and any shortages or liquidated damages from prior months. Include a copy of any variance notice(s) with your payment (check made payable to "Pipe Trades Services

\* OVERTIME NOTE: **For Sprinklerfitters - Local #417** benefits are based on actual **hours worked**.

**For Residential - Local #539** benefits are based on actual **hours worked**.

(Examples) 2 hours of time and a half = 2.00 hours of benefits

2 hours of double time = 2.00 hours of benefits

**For Plumbers and Pipefitters - Locals #15, 34, 455 and 539 (Including St Cloud & Mankato areas)** benefits are based on **hours paid**.

(Examples) 2 hours of time and a half = 3.00 hours of benefits

2 hours of double time = 4.00 hours of benefits

1 hour of 15% shift work = 1.15 hours of benefits

IMPORTANT NOTE:

This pre-listed report reflects only those employees reported the previous month. If the pre-listed report does not accurately reflect the employees working for you during the month being reported, the following action should be taken:

DELETE - The names of employees who have left your employment by lining out their name.

ADD - New employees by entering the name, last four digits of the social security number, trade classification, rate, and total hours below the pre-listed names.

CHANGE - To any information on the report should be entered in ink beside the field to be changed (i.e., new trade codes).

After completing the form, please make a photocopy of the report for your records, mail the original along with your check to the Pipe Trades Services MN, 4461 White Bear Pkwy, Suite 1. White Bear Lake, MN, 55110.

If you have any questions concerning the completion of this report, refer to the working agreement with the Local Union, contact the Local Union or call the Fund Office at (651) 645-4540 and ask for the Fringe Benefits Dept.

-For questions you can also go to our Website at [www.PTSMN.org](http://www.PTSMN.org) and click the EMPLOYERS button.

-From the Employers Page you can EMAIL questions to [Fringe@ptsmn.org](mailto:Fringe@ptsmn.org)

-For current and past RATE information click the item labeled '**Click Here for Fringe Benefit Rates and**



# Pipe Trades Services MN

## Fringe Benefit Report

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Employer: \_\_\_\_\_ Billing No. \_\_\_\_\_  
Area: \_\_\_\_\_ Liquidated Damages If Received After: \_\_\_\_\_  
Tax ID: \_\_\_\_\_ Pay Period From \_\_\_\_\_ For Month Ended: \_\_\_\_\_  
Phone: \_\_\_\_\_ Pay Period Thru \_\_\_\_\_  
Fax : \_\_\_\_\_

I certify the above is a true and complete report of hours worked and that the contributions reflected above are made in conformity with the provisions dealing with contributions to the Funds in the Collective Bargaining Agreement between the Union and Employers who executed the agreement and the Declaration of Trust establishing the Funds.

Signature \_\_\_\_\_ Title \_\_\_\_\_  
Date \_\_\_\_\_ Check here if there will be no hours to report next month \_\_\_\_\_