



**CENTRAL PENSION FUND
INTERNATIONAL UNION OF OPERATING ENGINEERS
EMPLOYER REPORT OF CONTRIBUTIONS
REMITTANCE FORM**

WORK PERIOD COVERED	
BEGINNING	ENDING

EMPLOYER NAME & ADDRESS

MAIL 1 COPY OF THE REPORT, SUMMARY PAGE AND REMITTANCE FORM TO THE FOLLOWING ADDRESS:
5484 Central Pension Fund P.O. Box 418433 Boston, MA 02241-8433 USA

CONTRACT/RATE AGREEMENT INFORMATION	
LOCAL UNION	JOB LOCATION

FRINGE ID	FRINGE TYPE	TOTAL CONTRIBUTIONS	CHECK AMOUNT	JOB CLASS	UNIT TYPE	HOURS PER UNIT	\$ PER UNIT	MIN/MAX RATE	% GROSS/HR RATE	FLAT DOLLAR
	National Training			ALL JOB CLASSES	HOURS	1.000	0.10	0.000/0.000	0.000	0.00
	CHECK (S) TOTAL:									

We certify that this Remittance Form, and the accompanying Employer Report(s) of contributions, are true and complete reports of all contributions required to be paid under the applicable IUOE Local Union agreement, or other written obligation approved by the CPF Board of Trustees.

Authorized Signature of Employer

Note: Any false statement or representation made in reporting on this form may subject you to prosecution under 18 U.S.C. § 1027, the penalty for which is a fine of \$10,000 or imprisonment of five years or both.