

# EMPLOYERS MONTHLY CONTRIBUTION REPORT

National Roofing Industry Pension Plan

SOCIAL SECURITY NUMBER	EMPLOYEE NAME	HOURS	DATE OF BIRTH
TOTAL THIS PAGE			

TOTAL THIS PAGE

**Please make checks payable and remit to:**  
**National Roofing Industry Pension Plan**  
 3001 Metro Drive - Suite 500  
 Bloomington, MN 55425  
 1-800-595-7209

### INSTRUCTIONS

- FILL IN HOURS WORKED FOR THE MONTH LISTED.
- IF ANY NEW EMPLOYEE HAS BEEN ADDED SINCE YOUR LAST REPORT, INDICATE IN THE BLANK SPACES BELOW THE PRINTED LIST. GIVE SOCIAL SECURITY NUMBER, LAST NAME, INITIALS, CURRENT MONTH HOURS AND DATE OF BIRTH.
- WHITE COPY } SUBMIT WITH  
 CANARY COPY } YOUR CHECK  
 PINK COPY }  
 GOLD COPY - YOUR COPY
- A REPORT MUST BE RECEIVED NO LATER THAN THE 10TH OF EACH MONTH FOLLOWING THE MONTH COVERED BY THIS REPORT EVEN THOUGH NO PERSONS WERE EMPLOYED. OTHERWISE YOU WILL BE CONSIDERED DELINQUENT.
- PLEASE REMEMBER TO INCLUDE THE DATES OF BIRTH OF ALL ADDITIONS TO THE REPORT.

\* IT IS THE EMPLOYER'S RESPONSIBILITY FOR PROVIDING THE CORRECT CONTRIBUTION RATES BASED UPON YOUR COLLECTIVE BARGAINING AGREEMENT.

REF	.06	X	hours	PLY CON-
NRIPP	4.14	X	hours	LECK THIS
				BOX AND
				NEED TO

**LOCAL EMPLOYER NO.**      **CBA/CLASS**

**HOURS WORKED DURING MONTH YEAR**

THE UNDERSIGNED CERTIFIES THAT NONE OF THE NAMES LISTED ABOVE ARE SELF-EMPLOYED, SOLE PROPRIETORS OR PARTNERS.  
 PREPARED BY \_\_\_\_\_  
 TITLE \_\_\_\_\_

BUG

CONTRIBUTING EMPLOYERS NAME AND ADDRESS

PAGE \_\_\_\_\_ OF \_\_\_\_\_

**PAYMENT DUE**  
 MO DAY YR      **CONTRIBUTION RATE PER HOUR**

<b>TOTAL CONTRIBUTION</b>	
HOURS	CONTRIBUTION \$