



Plan office use only:	
Emp # _____	Report # _____
TID# _____	Batch # _____

REPORT OF CONTRIBUTIONS

RATE GROUP 06 UNION OFFICE STAFF/NAMED EMPLOYERS

(A) Employer: _____ Employer #: _____

(B) Address: _____

 _____ Check box if address changed:

Phone: _____ Fax: _____ E-Mail: _____

(C) # Weeks: _____ From: _____ To: _____

(D) Client Co.: _____ Client #: _____

(E) Prod. Title: _____ Prod. ID # _____

IF YOU HAVE NO COVERED EMPLOYEES FOR THIS PERIOD, CHECK THIS BOX

PENSION /HEALTH HOURLY CONTRIBUTION RATE (Effective August 01, 2010):

Active Health:	\$2.5450		
Retiree Health:	\$0.3710		
Pension:	\$1.2665		
Individual Account Plan:	\$0.3050		
TOTAL HOURS:	_____	@ \$4.4875	\$ _____

INDIVIDUAL ACCOUNT PLAN PERCENTAGE CONTRIBUTION IAP% TOTAL \$ _____

Less amount previously remitted: \$ (_____)

TOTAL AMOUNT DUE WITH THIS REPORT: \$ _____

**Note: Please submit ONE contribution check.
Make check payable to: MPIPHP**

Date: _____ Signed by: _____ Title: _____