

**Instructions for completing Form 1464
NATIONAL ELECTRICAL BENEFIT FUND
I.B.E.W. LOCAL 364 & NORTHERN ILLINOIS N.E.C.A.**

This contribution reporting form is for work performed within the jurisdiction of IBEW Local 364.

The Trustees of IBEW Local 364 are pleased to provide you with these Monthly Fringe Benefit and Contribution Report Forms. These forms can be used to replace the forms that you previously used when remitting contributions to the Funds.

The forms are provided in Microsoft Excel format, which you can use to enter all employer and employee information and the appropriate calculations will be made automatically.

You can then print the forms and mail them to the Funds with your payment.

Each Excel file has 3 different “tabs” representing additional pages of the form. Tab 1 is the cover page, which shows the employer information, contribution rates and the amounts due to the Funds. Tab 2 is the employee detail page. If you have more employees than will fit on that page of the form, use the third tab for additional employees. Be sure to use the form that corresponds to the type of work being performed. The forms list the correct rates in effect at the time the forms were created. If you use these forms it is your responsibility to verify the proper rates and make changes when appropriate. **You are always responsible to pay the correct contribution rates.**

The forms are also provided in a view only format so that you can view and print the blank forms if you do not have Excel. This form may be used in place of the blank forms which were previously distributed to you.

EMPLOYER INFORMATION

Fill out the top portion of the form completely.

EMPLOYEE DETAIL

On tab 2 of the form, fill out columns 1 through 10 completely. If your payroll system is capable of generating a printout which shows **all** of the required information, it is not necessary for you to complete the Employee Section. Enter the totals from your report for each column at the bottom of page two so the form will calculate the contribution amounts owed and fill all out the other information on page one. Then, attach a copy of your printout showing the employee detail to each form being mailed as indicated below.

Information on columns 1 through 7 is required for all employees. Column 8 must be completed only when Vacation Contributions are being remitted. Column 9 must be completed only when Pension contributions are being remitted. Insert the total of column 9 on the reverse side of the form.

FRINGE BENEFIT CALCULATIONS

The “cells” on tab 1 are programmed to add the amounts from the employee detail sections and insert the appropriate hours and amounts into the proper spaces for each section. The Funds are not responsible if the form is changed in any way and calculations are not made properly. Therefore, please verify that the hours and other information from the employee section transferred properly to page 1. Also, confirm that the rates indicated are the correct rates.

PAYMENT

For the total amount due issue one check payable to the NECA IBEW Local 364 Fringe Benefit Funds. Indicate the total amount of your payment and your check number in the space provided. Retain a copy of this report for your records. Mail your payment together with the original report and 3 copies to:

**NECA IBEW Local 364
Fringe Benefit Funds
P.O. Box 4062
Rockford, IL 61110-0562**

Print the name and title of the person who prepares the report. The report must also be signed and dated.

This report and payment shall be mailed to reach the Funds no later than fifteen (15) calendar days following the end of each month. Late Payments may be subject to penalties or late payment assessments in accordance with the policies established by the various Boards of Trustees for each Fund.

QUESTIONS

If you have any questions, you may contact your Local Union or one of the following:

**Local Union 364, IBEW
6820 Mill Road
Rockford, IL 61108
(815) 398-6282**

**NECA IBEW Local 364
Fringe Benefit Fund Office
C/O TIC International Corporation
6525 Centurion Drive
Lansing, MI 48917
(517) 321-7502
(517) 321-7508 FAX**

**National Electrical Contractors Association
Northern Illinois Chapter
4864 Colt Road
Rockford, IL 61109
(815) 874-8400**