

Questions?

Please call (202) 362-1000 or email
employerinfo@cpfiuoe.org



EMPLOYER REPORT OF CONTRIBUTIONS SUMMARY PAGE

Please mail this page and the Report of Contributions form(s) to:

- U.S. Postal Service (recommended): **Central Pension Fund, PO Box 223115, Pittsburgh, PA 15251-2115**
- All other services: Please visit our website at <https://www.cpfiuoe.org/for-employers/> for further instructions.

Employer Name: Employer ID: Phone: Email: Address:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">CONTRACT/RATE AGREEMENT INFORMATION</th> </tr> <tr> <td style="width: 30%;">Local Union:</td> <td></td> </tr> <tr> <td>Job Location (Account Name):</td> <td></td> </tr> <tr> <td>Employer Account #</td> <td></td> </tr> <tr> <td>Contract Type: <i>(if known)</i></td> <td> Individual (most common, negotiated with the local union) Pipeline (please use Pipeline Form) National </td> </tr> </table>	CONTRACT/RATE AGREEMENT INFORMATION		Local Union:		Job Location (Account Name):		Employer Account #		Contract Type: <i>(if known)</i>	Individual (most common, negotiated with the local union) Pipeline (please use Pipeline Form) National
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FRINGE TYPE (e.g., Pension, NT, IAF)	JOB CLASS	TOTAL CONTRIBUTIONS	CHECK NUMBER	PAYMENT AMOUNT
TOTALS:				

Report Start Date:	
Report End Date:	

☐ **No Hours to Report for This Period**

☐ **Please Discontinue Sending Reports
(provide reason below)**

Reason (e.g., out of business) _____ Effective Date _____

Note: The summary page, remittance report, and payment are due the 15th of the following month for the reported period. Liquidated damages and interest may be assessed if submitted after the due date.

The undersigned, on behalf of the Employer named, agrees to be bound by all provisions of the Restated Agreement and Declaration of Trust of the Central Pension Fund of the International Union of Operating Engineers and Participating Employers, and as it may be amended, so long as the Employer has an obligation to contribute to the Central Pension Fund. In accordance with the Agreement, the undersigned acknowledges that only Employer contributions are permitted, and Employee contributions are strictly prohibited. The undersigned certifies that this 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.

Printed Name: _____ Authorized Signature: _____ Date: _____