

Hawaii Benefit Administrators, Inc.

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Honolulu, Hawaii 96817
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**HAWAII CARPENTERS
JOINT TRUST FUNDS
NEW EMPLOYER
ORIENTATION PACKET**

EMPLOYER ORIENTATION PROGRAM

Employers Monthly Report to Trustees

- Indicate total hours worked for all covered employees for the month.
- Be sure to indicate the full Social Security Number (SSN) and apprentice code for all employees.
- You may attach your own spreadsheet with the hours worked as long as all requirements (i.e. name, SSN, apprentice code) are stated.
- Employers may report hours worked by calendar month (1st to 31st), pay period end date, or check date.
- Transfer hours worked by apprentice code to the “Computation of Contributions” box.
- Compute the amount of contributions due to each Trust Fund by multiplying the total hours in the applicable column by the contribution rate.
- Indicate total for all member classifications and UBC Training Fund in “Grand Total” box.
- Remit one check payable to “Hawaii Carpenters Joint Trust Funds.”
- Employers Monthly Report Form (Excel file) is available by e-mail upon request.
- Report must be submitted even though no employees worked during the period.
- Mail report(s) and check directly to First Hawaiian Bank (FHB) in enclosed postage paid envelope.
- Reports are mailed out from our office on the last day of each month. If you do not receive the report by the first week of the following month, please contact the Contribution Accounting Department (ext. 104) for a duplicate report.
- Deadline to receive (postmark): 25th of the following month. Late charges will be assessed for all reports not received or postmarked timely.
- For the 401(k) Fund, an additional interest will be charged for any delinquent contributions effective with the January 2005 work month. The interest represents the restoration of lost earnings from the loss date to the recovery date and will be credited to the participant’s individual 401(k) account. The interest will be calculated by our office using an online calculator on the U.S. Department of Labor website.
- Interest at 12% per annum will be assessed for reports that are not received (postmarked) by the last day of the month contributions are owed.
- The 12% interest will be computed from the first day following the month for which contributions are owed.
- Contract rates increase once a year each September for the duration of the Collective Bargaining Agreement (through August 31, 2019). Notification will be sent out to signatory contractors prior to each rate increase.

Apprentice Classification Schedule

- Refer to Exhibit “A-2” of the Collective Bargaining Agreement.
- Apprentices are divided into two categories: pre 9/02 (indentured before September 1, 2002) and post 9/02 (indentured after September 1, 2002).
- For the first 1,000 hours, apprentices are entitled to Health & Welfare and Vacation & Holiday and Vacation Administration benefits only.
- For apprentices **indentured prior to 9/02**, after 1,000 hours worked (45%), fringes shall be the same as journeymen.
- For apprentices **indentured after 9/02**, after 1,000 hours worked (45%), fringes shall be the same as journeymen, except for Vacation and Financial Security as indicated on the Trust Fund Report.
- The apprentice dispatch sheet should indicate the benefit level for that employee on the bottom of the form. If not, contact either the Trust Fund Office (ext. 104), Carpenters Training Office (848-0794) or your Regional Council representative for the correct benefit level information.

401(k) Employee Contribution Report

- The 401(k) Employee Contribution Report is to report employees electing employee contributions through payroll deduction (i.e. salary deferrals) to the 401(k) Plan.
- Be sure to indicate the full SSN and apprentice code for all employees. **40% apprentices are NOT eligible for salary deferrals.**
- Indicate hours worked and contribution rate requested on the 401(k) contribution worksheet.
- The hours listed on this report should be **only the hours** from which a 401(k) employee contribution was deducted for the week.
- Calculate total contributions due by multiplying the total hours by the contribution rate. Please note that this amount is Federal and State income tax deductible, therefore the employee’s taxable income should be reduced by this amount (to be discussed later).
- Remit one check payable to “Hawaii Carpenters 401(k) Fund.”
- 401(k) Employee Contribution Report (Excel file) is available by e-mail upon request.
- The 401(k) Employee Contribution Report must be submitted even though no employees were employed for the period, or no members have requested 401(k) employee contributions through payroll deduction.
- Mail report and check directly to FHB in enclosed postage paid envelope.
- Reports are mailed out from our office every Thursday. If you do not receive report by the following Monday, please contact the Contribution Accounting Department (ext. 125) for a duplicate report.
- The report is due to FHB seven business days after the pay check date (all employers).

- Late charges and interest at 12% per annum will be assessed for all reports not received timely, as specified in the Collective Bargaining Agreement.
- Effective with the January 2005 work month, an additional interest will be charged for any delinquent 401(k) employee contributions. The interest represents the restoration of lost earnings from the loss date to the recovery date and will be credited to the participant's individual 401(k) account. The interest will be calculated by our office using an online calculator on the U.S. Department of Labor website.

401(k) Contribution Worksheet

- Worksheet is filled out by member and given to employer to start salary deferrals. Members can obtain the 401(k) contribution worksheet from the Trust Fund Office, Regional Council office, or their employer.
- Worksheet is **required** to start salary deferrals. To abide by Fund requirements and for your own protection, do not accept a member's verbal request.
- The 401(k) contribution worksheet is also available on a Word file upon request.
- Member can contact the 401(k) Department (ext. 124) to obtain the enrollment package. Member elects where his/her money gets invested. If no choice is made, then contributions are deposited into the money market account (most conservative fund) until otherwise directed.
- Member will receive quarterly statements from Prudential Retirement (f.k.a. CIGNA) and can also access their account online at www.prudential.com. Statements indicate hours reported, contribution amounts, date received by Prudential and investment returns. Interest will be assessed for contributions received late to compensate members for loss of investment income as required by the Internal Revenue Service.
- Member may put in additional 401(k) employee contributions through payroll deduction only if he/she has completed 1,000 hours of work (i.e., 45% of journeyman's rate). In other words, member has to receive the \$1.50/hour employer contribution in order to make salary deferrals. 40% apprentices are not eligible.
- Salary deferrals should be effective by the first available pay period after the employer receives the request.
- Members are allowed to change the amount of their salary deferral once a quarter. A new worksheet must be filled out.
- Members may discontinue their salary deferrals at any time. Member is required to fill out another 401(k) contribution worksheet and indicate zero contributions. To resume the employee contributions, the member must complete a new 401(k) contribution worksheet.
- Please make sure that a copy of the 401(k) contribution worksheet is forwarded to the Trust Fund Office. You must also forward a copy of the worksheet each time a member changes his/her contribution amount.
- The 401(k) contribution worksheet was revised in January 2012. Please complete the entire Employer Section on the bottom section of the form before forwarding to the Trust Fund Office.

Sample 401(k) Payroll Deduction Calculation (Salary Deferrals)

- 401(k) employee contribution amounts are Federal and State income tax deductible (i.e., deduct 401(k) salary deferrals from gross wages for calculation of Federal and State withholding taxes).
- Member should indicate dollar amount per hour to be deferred on the 401(k) contribution worksheet.
- Amount is deducted from the employee's paycheck and remitted to our office with the 401(k) Employee Contribution Report.
- Since the 401(k) employee contribution amount is Federal and State income tax deductible, the employees' taxable income (Box 1 and Box 16 on Form W-2) should be reduced by this amount.
- However, the employee still pays for FICA and Temporary Disability Insurance (TDI) for this amount. In addition, you, the employer, also should pay for the Federal Unemployment Taxes (FUTA), State Unemployment Insurance (SUI), and FICA for this amount.
- Please report the total 401(k) employee contribution amount for the year on the member's annual Form W-2 under Box 12. Use code "D" for elective deferrals to the section for the 401(k) cash or deferred arrangement.
- Like the Financial Security Fund, the 401(k) Fund is a qualified retirement plan under ERISA, and should therefore be indicated as such on the Form W-2 (i.e., check off the retirement plan box under Box 13).

Sample Vacation Calculation

- Contributions to the Vacation & Holiday Fund are taxable to the employee and should be included in the employee's gross wages for calculating Federal and State withholding taxes, FICA, etc.
- The full vacation amount should then be deducted from the employee's paycheck and remitted to our office on the Employers Monthly Report.
- Vacation contributions are paid out to members twice a year, on June 1 and December 1.
- The payout periods include September through February work months (for June 1 payout) and March through August work months (for December 1 payout).
- Applications are sent out to members approximately one month prior to the payout date. The vacation amount available for distribution is stated on the application.
- Members must complete the applications and submit to our office in order to receive their vacation pay.
- Late applications are continually accepted. Checks will be mailed within one week of receipt.
- Members can elect to receive their vacation once a year, on December 1.

Sample Working Dues Calculation

- Working dues are 4% of gross pay (straight time + overtime), **excluding vacation**.
- Working dues will have a maximum weekly deduction of 40 hours times the *carpenters journeyman rate* times 4%.
- Working dues should be deducted from the employees' paycheck and remitted to the Regional Council Office with the working dues report on a monthly basis.
- For additional questions, contact the Regional Council Office at 847-5761 or your Regional Council representative.

Health & Welfare Eligibility Requirements

- Member must work at least 100 hours in a qualifying month.
- Hours worked in excess of 110 are banked up to 900 hours.
- Once bank reaches 900 hours, the excess over 125 hours worked is banked.
- Bank maximum is 1,500 hours (15 Months of coverage).
- If member has active coverage (and reserve bank) and works less than 100 hours, then hours will be drawn from bank to maintain coverage.
- After six months of no activity, remainder in bank will disappear.
- If member does not have reserve bank (i.e., new Regional Council member or out of work), hours worked less than 100 in a month are lost.

Discrepancy Notices

- Discrepancy notices (DN's) are generated when reports are received without payment or if funds are underpaid/overpaid.
- Amounts indicated on the DN's represent **contributions only**. Late charges and interest are billed separately.
- Due within ten (10) business days of invoice date.
- Make checks payable to "Hawaii Carpenters Joint Trust Funds" and mail to the Hawaii Carpenters Joint Trust Funds Office (200 N. Vineyard Blvd., Bldg., A, Suite 100, Honolulu, HI 96817).
- For overpayments, take credit(s) on your next monthly report under "adjustments" under the respective funds.

Invoice for Liquidated Damages (Late Charges)

- Late charges are calculated at 20% of contributions due each Fund or \$20 per Fund, whichever is greater, as stated in Section 14.9 (e)(1)[c](ii) of the Collective Bargaining Agreement.
- Late charges are assessed for:
 - reports received without payment,
 - reports and payment received (postmarked) after the deadline,
 - underpayments on the report after the deadline.

- Due within ten (10) business days of invoice date.
- Make checks payable to “Hawaii Carpenters Joint Trust Funds” and mail to the Hawaii Carpenters Joint Trust Funds Office (200 N. Vineyard Blvd., Bldg., A, Suite 100, Honolulu, HI 96817).
- Waivers of liquidated damages are available (to be discussed later).

Invoice for Interest Charges

- Interest is calculated at the rate of 12% per annum as stated in Section 14.9 (e)(1)[b] of the Collective Bargaining Agreement.
- Interest (in addition to liquidated damages) will be assessed when reports are not received (postmarked) by the last day of the month contributions are owed.
- Interest will also be assessed for audit contributions if not paid (postmarked) within ten (10) business days of audit finalization letter.
- Due within ten (10) business days of invoice date.
- Make checks payable to “Hawaii Carpenters Joint Trust Funds” and mail to the Hawaii Carpenters Joint Trust Funds Office (200 N. Vineyard Blvd., Bldg., A, Suite 100, Honolulu, HI 96817).
- The waiver policy does not apply to interest charges.

No Report Received Notice/Participant Letter

- If the Employers Monthly Reports are not received, a no report notice is sent to the employer.
- In addition, a letter is sent to all current and former employees to inform them that the employer’s report has not been received and their benefit status may be affected.
- It is important to submit the report, even though payment cannot be made. This will prevent the members from losing eligibility to medical coverage. Members will receive credit for all funds except Vacation and 401(k). Vacation and 401(k) will be credited to the members upon receipt of payment from the employer.
- A report is also required even if there were no employees for the period.

Conditional Lien Release (Trust Fund Clearance)

- General contractors may require trust fund clearances from their subcontractors before issuing payment.
- Employers may request a conditional lien release after receipt of the current month’s report and payment.
- Requests for lien releases can be made via fax, phone, or e-mail.
- Employer must be current on all contributions, late charges, interest, audit billings, etc. No monies owed to the Trust Funds and no reports outstanding.
- A copy of the lien release is faxed or e-mailed and original is mailed the same day.

- If more than one original lien release is needed, a listing of project names, general contractors/project owner names, hours worked on the project (the hours would need to add up to the hours reported on the monthly report for the month the lien releases are needed) need to be faxed or emailed to the Trust Fund Office.

Waiver of Liquidated Damages (LD's) and Refund Guidelines

- Employers are entitled to four waivers of late charges in a 12-month period. Four for the Employers Monthly Report and four for the 401(k) Employee Contribution Report.
- Maximum period to be waived for the Employers Monthly Report is four months, starting with the first month assessed.
- Maximum period to be waived for the 401(k) Employee Contribution Report is four weeks, starting with the first week assessed.
- Employers must be current on all contributions and comply with all audit provisions.
- Request must be received in writing and response (approval or denial) from our office will be provided in writing.
- If request falls outside the policy (i.e., more than four requests in a 12-month period), then it will be forwarded to the Delinquency Committee Trustees for review.

Compliance Audit Program

- Compliance audits are performed in accordance with Section 14.9 (b) of the Collective Bargaining Agreement.
- Documents required include: payroll registers, timesheets, payroll tax returns, W-2's, 1099's, classification listings, check registers, GET returns, and apprentice dispatch sheets. Please make sure these records are retained for the audit.
- Audits are done to ensure that all hours worked are reported and employers are complying with the Collective Bargaining Agreement.
- The auditor will contact you via telephone, then mail to schedule an appointment at your office.
- Audits typically take less than a day, depending on the size of your company and the condition of your records.
- At the conclusion of the audit, you will receive a letter either indicating no discrepancies were found or an audit discrepancy notice.
- An audit discrepancy notice is generated for under/over reported hours and under/over payments on apprentices.
- For under-reported hours, liquidated damages, interest and audit fees will be assessed pursuant to Section 14.9 (e) of the Collective Bargaining Agreement.
- For under-payments on apprentices, only contributions will be billed for (no liquidated damages, interest or audit fees).

- Payment on all audit delinquencies will be due within ten (10) business days. Otherwise, interest at 12% per annum will be assessed; starting from ten (10) business days after the audit contributions are owed.
- Audit findings will be discussed with you prior to issuance of the final results. Our Audit Department will work with you to resolve any disputes and answer any questions before the audit is finalized.

Project Audits

- Project audits are performed in accordance with Section 14.9 (c) of the Collective Bargaining Agreement, and only if necessary.
- Project audits are performed to facilitate payment from delinquent contractors.
- Employers will be required to provide project information such as project name, project location, contract amount, general contractor, property owner, and bonding (if any).
- Hours worked by project will be required for each job worked during the delinquent period. Then joint checks will be requested from the general contractors.
- “Project” conditional lien releases may be provided upon receipt of joint check payment and completion of a project audit.

Request for Deletion from Mailing List

- If you are no longer employing covered employees, please submit a letter to our office to request deletion from the mailing list, or check off the appropriate box on the Employers Monthly Report.
- Deletion from the mailing list will suspend the mailing of monthly reports during the inactive period, but does not relieve the employer from its collective bargaining obligations.
- If covered employees are employed in the future, the company will be required to notify the Regional Council Office and the Trust Fund Office.
- A closing audit will be performed to ensure that there are no amounts outstanding.

HAWAII CARPENTERS JOINT TRUST FUNDS

EMPLOYERS MONTHLY REPORT TO TRUSTEES

THIS REPORT COVERS HOURS FOR THIS MONTH OF	ACCOUNT NUMBER	THIS REPORT SHOULD BE ACCOMPANIED BY ONE CHECK TO: FIRST HAWAIIAN BANK WEALTH MANAGEMENT GROUP CONTRIBUTION PROCESSING P. O. BOX 3708 HONOLULU, HI 96811-3708	RECEIVE DATE: Reports must be received or postmarked by the 25th of the month following the month worked to avoid liquidated damages and interest. Liquidated damages are calculated at 20% of contributions due each Trust or \$20 per Trust, whichever is greater. Interest is due at the maximum rates permitted by law and specified in the Trust Agreement of each Trust.
FEDERAL I.D. NUMBER	STATE LICENSE NUMBER		
EMPLOYER NAME AND ADDRESS CARPENTER-MASTER AGREEMENT 09/2016 IU		NO EMPLOYEES: THIS REPORT MUST BE FILED EVEN THOUGH NO EMPLOYEES WORKED THIS MONTH. PLEASE CHECK THE APPROPRIATE BOX. <input type="checkbox"/> NO EMPLOYEES WORKED THIS MONTH. PLEASE CONTINUE MAILING REPORT FORMS. <input type="checkbox"/> TRANSFER TO INACTIVE STATUS. WE HAD NO EMPLOYEES TO REPORT THIS MONTH AND DO NOT ANTICIPATE HIRING ANY IN THE NEAR FUTURE.	
IF THE ABOVE INFORMATION IS INCORRECT PLEASE INDICATE CHANGES			

COMPUTATION OF CONTRIBUTIONS									
		RETIREE MEDICAL	ACTIVE HEALTH & WELFARE	APPRENTICE & TRAINING	VACATION & HOLIDAY	FINANCIAL SECURITY	MARKET RECOVERY	401(k)	VACATION ADMIN
MEMBER CLASS	TOTAL HOURS	\$1.33	\$7.27	\$0.81	\$5.25	\$4.70	\$0.67	\$1.75	\$0.07
Journeyman									
APPRENTICE POST 9/2002									
A8=90 - 95%					\$4.25	\$3.50			
A7=70 - 80%					\$3.25	\$2.50			
A6=50 - 60%					\$2.25	\$1.50			
A5=45%					\$1.25	N/A			
A4=40%		N/A		N/A	\$1.25	N/A	N/A	N/A	
Liquidated Damages or Adjustments									
TOTALS									
UBC Training Fund		0.10						UBC Fund Total	
(Effective September 1, 2003) Excludes 40% (A1 & A4) Apprentices				(Effective August 30, 2004) Excludes 40% (A1 & A4) Apprentices				GRAND TOTAL	

EMPLOYEE'S NAME LAST NAME & FIRST NAME	APPRENTICE CODE	SOCIAL SECURITY NUMBER	TOTAL HOURS	<p>The undersigned, as the authorized representative of the Signatory Contractor herein agrees to comply with the wages, hours and working conditions of the Collective Bargaining Agreement between the Hawaii Regional Council of Carpenters (hereinafter HRCC), and Signatory Contractor members of the General Contractors Labor Association and the Building Industry Labor Association, Hawaii Wall and Ceiling Industry Association, and Independent Signatory Contractors (hereinafter Contractor). The Contractor hereby adopts and agrees to be bound by the Trust agreements and amendments thereto of the Hawaii Carpenters Health & Welfare Fund, Hawaii Carpenters Apprenticeship and Training Fund, Hawaii Carpenters Vacation and Holiday Fund, Hawaii Carpenters Financial Security Fund, Hawaii Carpenters Market Recovery Program, Hawaii Carpenters 401(k) Plan, Hawaii Carpenters Vacation Administration Account and rules and regulations adopted thereunder by the Trustees.</p> <p>I further certify (i) that Hawaii Benefit Administrators, Inc. ("HBAI") is designated by the Contractor as his or its agent to receive supplemental dues authorizations from his or its employees pursuant to Section 302(c)(4) of the Labor Management Relations Act of 1947, as amended, (ii) that HBAI is directed by the Contractor to (a) deposit the monies reported herein under the Vacation & Holiday Fund in a special account, (b) transfer monthly from such account the supplemental dues paid with respect to the work of each employee who has on file with HBAI an unrevoked supplemental dues authorization in a form complying with law to HRCC as supplemental dues, and (c) transfer the remaining monies in said account to the Hawaii Carpenters Vacation & Holiday Fund for credit to the accounts of the other employees.</p> <p>I do hereby certify under penalty of perjury that the employees listed on this report form constitute all the employees for who I am required to make payments to the various Trust Funds and that the hours shown for each employee are the total hours for which he/she worked or was paid. I understand that an incorrect Social Security Number provided for an employee may result in incorrect contributions being paid to the wrong employee. I, as the Employer, will be solely responsible for any lost or misplaced contributions resulting from such errors. I will also be responsible for any lost or misplaced contributions resulting from any apprentice adjustments, and any discrepancies found through audit.</p>
				<p>SIGNED BY</p> <p>TITLE</p> <p>DATE</p>
TOTAL HOURS THIS PAGE				PLEASE KEEP A COPY FOR YOUR RECORDS.

HAWAII CARPENTERS JOINT TRUST FUNDS

EMPLOYERS MONTHLY REPORT TO TRUSTEES

THIS REPORT COVERS HOURS FOR THIS MONTH OF		ACCOUNT NUMBER		THIS REPORT SHOULD BE ACCOMPANIED BY ONE CHECK TO: FIRST HAWAIIAN BANK WEALTH MANAGEMENT GROUP CONTRIBUTION PROCESSING P. O. BOX 3708 HONOLULU, HI 96811-3708		RECEIVE DATE: Reports must be received or postmarked by the 25th of the month following the month worked to avoid liquidated damages and interest. Liquidated damages are calculated at 20% of contributions due each Trust or \$20 per Trust, whichever is greater. Interest is due at the maximum rates permitted by law and specified in the Trust Agreement of each Trust.			
FEDERAL I.D. NUMBER		STATE LICENSE NUMBER							
EMPLOYER NAME AND ADDRESS CARPENTER-COMPETITIVE PROGRAM AGREEMENT 09/2016 IUC				NO EMPLOYEES: THIS REPORT MUST BE FILED EVEN THOUGH NO EMPLOYEES WORKED THIS MONTH. PLEASE CHECK THE APPROPRIATE BOX. <input type="checkbox"/> NO EMPLOYEES WORKED THIS MONTH. PLEASE CONTINUE MAILING REPORT FORMS. <input type="checkbox"/> TRANSFER TO INACTIVE STATUS. WE HAD NO EMPLOYEES TO REPORT THIS MONTH AND DO NOT ANTICIPATE HIRING ANY IN THE NEAR FUTURE.					
IF THE ABOVE INFORMATION IS INCORRECT PLEASE INDICATE CHANGES									
COMPUTATION OF CONTRIBUTIONS									
		RETIREE MEDICAL	ACTIVE HEALTH & WELFARE	APPRENTICE & TRAINING	VACATION & HOLIDAY	FINANCIAL SECURITY	MARKET RECOVERY	401(k)	VACATION ADMIN
MEMBER CLASS	TOTAL HOURS	\$0.23	\$0.52		\$5.25	\$4.70		\$1.75	
Journeyman									
APPRENTICE POST 9/2002									
A8=90 - 95%					\$4.25	\$3.50			
A7=70 - 80%					\$3.25	\$2.50			
A6=50 - 60%					\$2.25	\$1.50			
A5=45%					\$1.25				
A4=40%		N/A		N/A	\$1.25	N/A	N/A	N/A	
Liquidated Damages or Adjustments									
TOTALS									
								UBC Fund Total	
(Effective September 1, 2003) Excludes 40% (A1 & A4) Apprentices				(Effective August 30, 2004) Excludes 40% (A1 & A4) Apprentices				GRAND TOTAL	

EMPLOYEE'S NAME LAST NAME & FIRST NAME	APPRENTICE CODE	SOCIAL SECURITY NUMBER	TOTAL HOURS	<p>The undersigned, as the authorized representative of the Signatory Contractor herein agrees to comply with the wages, hours and working conditions of the Collective Bargaining Agreement between the Hawaii Regional Council of Carpenters (hereinafter HRCC), and Signatory Contractor members of the General Contractors Labor Association and the Building Industry Labor Association, Hawaii Wall and Ceiling Industry Association, and Independent Signatory Contractors (hereinafter Contractor). The Contractor hereby adopts and agrees to be bound by the Trust agreements and amendments thereto of the Hawaii Carpenters Health & Welfare Fund, Hawaii Carpenters Apprenticeship and Training Fund, Hawaii Carpenters Vacation and Holiday Fund, Hawaii Carpenters Financial Security Fund, Hawaii Carpenters Market Recovery Program, Hawaii Carpenters 401(k) Plan, Hawaii Carpenters Vacation Administration Account and rules and regulations adopted thereunder by the Trustees.</p> <p>I further certify (i) that Hawaii Benefit Administrators, Inc. ("HBAI") is designated by the Contractor as his or its agent to receive supplemental dues authorizations from his or its employees pursuant to Section 302(c)(4) of the Labor Management Relations Act of 1947, as amended, (ii) that HBAI is directed by the Contractor to (a) deposit the monies reported herein under the Vacation & Holiday Fund in a special account, (b) transfer monthly from such account the supplemental dues paid with respect to the work of each employee who has on file with HBAI an unrevoked supplemental dues authorization in a form complying with law to HRCC as supplemental dues, and (c) transfer the remaining monies in said account to the Hawaii Carpenters Vacation & Holiday Fund for credit to the accounts of the other employees.</p> <p>I do hereby certify under penalty of perjury that the employees listed on this report form constitute all the employees for who I am required to make payments to the various Trust Funds and that the hours shown for each employee are the total hours for which he/she worked or was paid. I understand that an incorrect Social Security Number provided for an employee may result in incorrect contributions being paid to the wrong employee. I, as the Employer, will be solely responsible for any lost or misplaced contributions resulting from such errors. I will also be responsible for any lost or misplaced contributions resulting from any apprentice adjustments, and any discrepancies found through audit.</p>
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SIGNED BY				
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HAWAII CARPENTERS JOINT TRUST FUNDS

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FEDERAL I.D. NUMBER		STATE LICENSE NUMBER									
EMPLOYER NAME AND ADDRESS DRYWALL-MASTER AGREEMENT 09/2016 DL				NO EMPLOYEES: THIS REPORT MUST BE FILED EVEN THOUGH NO EMPLOYEES WORKED THIS MONTH. PLEASE CHECK THE APPROPRIATE BOX. <input type="checkbox"/> NO EMPLOYEES WORKED THIS MONTH. PLEASE CONTINUE MAILING REPORT FORMS. <input type="checkbox"/> TRANSFER TO INACTIVE STATUS. WE HAD NO EMPLOYEES TO REPORT THIS MONTH AND DO NOT ANTICIPATE HIRING ANY IN THE NEAR FUTURE.							
IF THE ABOVE INFORMATION IS INCORRECT PLEASE INDICATE CHANGES											
COMPUTATION OF CONTRIBUTIONS											
		RETIREE MEDICAL	ACTIVE HEALTH & WELFARE	APPRENTICE & TRAINING	VACATION & HOLIDAY	FINANCIAL SECURITY	MARKET RECOVERY	401(k)	VACATION ADMIN		
MEMBER CLASS	TOTAL HOURS	\$1.33	\$7.27	\$0.81	\$5.25	\$4.70	\$0.67	\$1.75	\$0.07		
Journeyman											
APPRENTICE POST 9/2002											
A8=90 - 95%					\$4.25	\$3.50					
A7=70 - 80%					\$3.25	\$2.50					
A6=50 - 60%					\$2.25	\$1.50					
A5=45%					\$1.25	N/A					
A4=40%		N/A		N/A	\$1.25	N/A	N/A	N/A			
Liquidated Damages or Adjustments											
TOTALS											
UBC Training Fund 0.10								UBC Fund Total			
(Effective September 1, 2003) Excludes 40% (A1 & A4) Apprentices				(Effective August 30, 2004) Excludes 40% (A1 & A4) Apprentices		GRAND TOTAL					

EMPLOYEE'S NAME LAST NAME & FIRST NAME	APPRENTICE CODE	SOCIAL SECURITY NUMBER	TOTAL HOURS	
				<p>The undersigned, as the authorized representative of the Signatory Contractor herein agrees to comply with the wages, hours and working conditions of the Collective Bargaining Agreement between the Hawaii Regional Council of Carpenters (hereinafter HRCC), and Signatory Contractor members of the General Contractors Labor Association and the Building Industry Labor Association, Hawaii Wall and Ceiling Industry Association, and independent Signatory Contractors (hereinafter Contractor).</p> <p>The Contractor hereby adopts and agrees to be bound by the Trust agreements and amendments thereto of the Hawaii Carpenters Health & Welfare Fund, Hawaii Carpenters Apprenticeship and Training Fund, Hawaii Carpenters Vacation and Holiday Fund, Hawaii Carpenters Financial Security Fund, Hawaii Carpenters Market Recovery Program, Hawaii Carpenters 401(k) Plan, Hawaii Carpenters Vacation Administration Account and rules and regulations adopted thereunder by the Trustees.</p>
				<p>I further certify (i) that Hawaii Benefit Administrators, Inc. ("HBAI") is designated by the Contractor as his or its agent to receive supplemental dues authorizations from his or its employees pursuant to Section 302(c)(4) of the Labor Management Relations Act of 1947, as amended, (ii) that HBAI is directed by the Contractor to (a) deposit the monies reported herein under the Vacation & Holiday Fund in a special account, (b) transfer monthly from such account the supplemental dues paid with respect to the work of each employee who has on file with HBAI an unrevoked supplemental dues authorization in a form complying with law to HRCC as supplemental dues, and (c) transfer the remaining monies in said account to the Hawaii Carpenters Vacation & Holiday Fund for credit to the accounts of the other employees.</p>
				<p>I do hereby certify under penalty of perjury that the employees listed on this report form constitute all the employees for who I am required to make payments to the various Trust Funds and that the hours shown for each employee are the total hours for which he/she worked or was paid. I understand that an incorrect Social Security Number provided for an employee may result in incorrect contributions being paid to the wrong employee. I, as the Employer, will be solely responsible for any lost or misplaced contributions resulting from such errors. I will also be responsible for any lost or misplaced contributions resulting from any apprentice adjustments, and any discrepancies found through audit.</p>
				SIGNED BY
				TITLE
				DATE
TOTAL HOURS THIS PAGE				PLEASE KEEP A COPY FOR YOUR RECORDS.

HAWAII CARPENTERS JOINT TRUST FUNDS

EMPLOYERS MONTHLY REPORT TO TRUSTEES

THIS REPORT COVERS HOURS FOR THIS MONTH OF	ACCOUNT NUMBER	THIS REPORT SHOULD BE ACCOMPANIED BY ONE CHECK TO: FIRST HAWAIIAN BANK WEALTH MANAGEMENT GROUP CONTRIBUTION PROCESSING P. O. BOX 3708 HONOLULU, HI 96811-3708	RECEIVE DATE: Reports must be received or postmarked by the 25th of the month following the month worked to avoid liquidated damages and interest. Liquidated damages are calculated at 20% of contributions due each Trust or \$20 per Trust, whichever is greater. Interest is due at the maximum rates permitted by law and specified in the Trust Agreement of each Trust.
FEDERAL I.D. NUMBER	STATE LICENSE NUMBER		
EMPLOYER NAME AND ADDRESS DRYWALL-COMPETITIVE PROGRAM AGREEMENT 09/2016 DLC		NO EMPLOYEES: THIS REPORT MUST BE FILED EVEN THOUGH NO EMPLOYEES WORKED THIS MONTH. PLEASE CHECK THE APPROPRIATE BOX. <input type="checkbox"/> NO EMPLOYEES WORKED THIS MONTH. PLEASE CONTINUE MAILING REPORT FORMS. <input type="checkbox"/> TRANSFER TO INACTIVE STATUS. WE HAD NO EMPLOYEES TO REPORT THIS MONTH AND DO NOT ANTICIPATE HIRING ANY IN THE NEAR FUTURE.	
IF THE ABOVE INFORMATION IS INCORRECT PLEASE INDICATE CHANGES			

COMPUTATION OF CONTRIBUTIONS									
		RETIREE MEDICAL	ACTIVE HEALTH & WELFARE	APPRENTICE & TRAINING	VACATION & HOLIDAY	FINANCIAL SECURITY	MARKET RECOVERY	401(k)	VACATION ADMIN
MEMBER CLASS	TOTAL HOURS	\$0.23	\$0.52		\$5.25	\$4.70		\$1.75	
Journeyman									
APPRENTICE POST 9/2002									
A8=90 - 95%					\$4.25	\$3.50			
A7=70 - 80%					\$3.25	\$2.50			
A6=50 - 60%					\$2.25	\$1.50			
A5=45%					\$1.25	N/A			
A4=40%		N/A		N/A	\$1.25	N/A	N/A	N/A	
Liquidated Damages or Adjustments									
TOTALS									
								UBC Fund Total	
(Effective September 1, 2003) Excludes 40% (A1 & A4) Apprentices		(Effective August 30, 2004) Excludes 40% (A1 & A4) Apprentices				GRAND TOTAL			

EMPLOYEE'S NAME LAST NAME & FIRST NAME	APPRENTICE CODE	SOCIAL SECURITY NUMBER	TOTAL HOURS	<p>The undersigned, as the authorized representative of the Signatory Contractor herein agrees to comply with the wages, hours and working conditions of the Collective Bargaining Agreement between the Hawaii Regional Council of Carpenters (hereinafter HRCC), and Signatory Contractor members of the General Contractors Labor Association and the Building Industry Labor Association, Hawaii Wall and Ceiling Industry Association, and Independent Signatory Contractors (hereinafter Contractor). The Contractor hereby adopts and agrees to be bound by the Trust agreements and amendments thereto of the Hawaii Carpenters Health & Welfare Fund, Hawaii Carpenters Apprenticeship and Training Fund, Hawaii Carpenters Vacation and Holiday Fund, Hawaii Carpenters Financial Security Fund, Hawaii Carpenters Market Recovery Program, Hawaii Carpenters 401(k) Plan, Hawaii Carpenters Vacation Administration Account and rules and regulations adopted thereunder by the Trustees.</p> <p>I further certify (i) that Hawaii Benefit Administrators, Inc. ("HBAI") is designated by the Contractor as his or its agent to receive supplemental dues authorizations from his or its employees pursuant to Section 302(c)(4) of the Labor Management Relations Act of 1947, as amended, (ii) that HBAI is directed by the Contractor to (a) deposit the monies reported herein under the Vacation & Holiday Fund in a special account, (b) transfer monthly from such account the supplemental dues paid with respect to the work of each employee who has on file with HBAI an unrevoked supplemental dues authorization in a form complying with law to HRCC as supplemental dues, and (c) transfer the remaining monies in said account to the Hawaii Carpenters Vacation & Holiday Fund for credit to the accounts of the other employees.</p> <p>I do hereby certify under penalty of perjury that the employees listed on this report form constitute all the employees for who I am required to make payments to the various Trust Funds and that the hours shown for each employee are the total hours for which he/she worked or was paid. I understand that an incorrect Social Security Number provided for an employee may result in incorrect contributions being paid to the wrong employee. I, as the Employer, will be solely responsible for any lost or misplaced contributions resulting from such errors. I will also be responsible for any lost or misplaced contributions resulting from any apprentice adjustments, and any discrepancies found through audit.</p>
SIGNED BY				
TITLE				
DATE				
PLEASE KEEP A COPY FOR YOUR RECORDS.				

TOTAL HOURS THIS PAGE

HAWAII CARPENTERS JOINT TRUST FUNDS

EMPLOYERS MONTHLY REPORT TO TRUSTEES

THIS REPORT COVERS HOURS FOR THIS MONTH OF			ACCOUNT NUMBER		THIS REPORT SHOULD BE ACCOMPANIED BY ONE CHECK TO: FIRST HAWAIIAN BANK WEALTH MANAGEMENT GROUP CONTRIBUTION PROCESSING P. O. BOX 3708 HONOLULU, HAWAII 96811-3708			<p>The undersigned, as the authorized representative of the Signatory Contractor herein agrees to comply with the wages, hours and working conditions of the Collective Bargaining Agreement between the Hawaii Regional Council of Carpenters (hereinafter HRCC), and Signatory Contractor members of the General Contractors Labor Association and the Building Industry Labor Association, Hawaii Wall and Ceiling Industry Association, and independent Signatory Contractors (hereinafter Contractor).</p> <p>The Contractor hereby adopts and agrees to be bound by the Trust agreements and amendments thereto of the Hawaii Carpenters Health & Welfare Fund, Hawaii Carpenters Apprenticeship and Training Fund, Hawaii Carpenters Vacation and Holiday Fund, Hawaii Carpenters Financial Security Fund, Hawaii Carpenters Market Recovery Program, Hawaii Carpenters 401(k) Plan, Hawaii Carpenters Vacation Administration Account and rules and regulations adopted thereunder by the Trustees.</p> <p>I do hereby certify (i) that Hawaii Benefit Administrators, Inc. (HBAI) is designated by the Contractor as his or its agent to receive supplemental dues authorizations from his or its employees pursuant to Section 302(c)(4) of the Labor Management Relations Act of 1947, as amended, (ii) that HBAI is directed by the Contractor to (a) deposit the monies reported herein under the Vacation & Holiday Fund in a special account, (b) transfer monthly from such account the supplemental dues paid with respect to the work of each employee who has on file with HBAI an unrevoked supplemental dues authorization in a form complying with law to HRCC as supplemental dues, and (c) transfer the remaining monies in said account to the Hawaii Carpenters Vacation & Holiday Fund for credit to the accounts of the other employees.</p> <p>I do hereby certify under penalty of perjury that the employees listed on this report form constitute all the employees for who I am required to make payments to the various Trust Funds and that the hours shown for each employee are the total hours for which he/she worked or was paid. I understand that an incorrect Social Security Number provided for an employee may result in incorrect contributions being paid to the wrong employee. I, as the Employer, will be solely responsible for any lost or misplaced contributions resulting from such errors. I will also be responsible for any lost or misplaced contributions resulting from any apprentice adjustments, and any discrepancies found through audit.</p>			
FEDERAL I.D. NUMBER			STATE LICENSE NUMBER								
EMPLOYER NAME AND ADDRESS					NO EMPLOYEES: THIS REPORT MUST BE FILED EVEN THOUGH NO EMPLOYEES WORKED THIS MONTH. PLEASE CHECK THE APPROPRIATE BOX. <input type="checkbox"/> NO EMPLOYEES WORKED THIS MONTH. PLEASE CONTINUE MAILING REPORT FORMS. <input type="checkbox"/> TRANSFER TO INACTIVE STATUS. WE HAD NO EMPLOYEES TO REPORT THIS MONTH AND DO NOT ANTICIPATE HIRING ANY IN						
STREET ADDRESS CITY, STATE ZIP CODE											
CARPENTER-MASTER AGREEMENT 09/2016 IU					SIGNED BY			TITLE		DATE	
IF THE ABOVE INFORMATION IS INCORRECT PLEASE INDICATE CHANGES											
COMPUTATION OF CONTRIBUTIONS											
			RETIREE MEDICAL	ACTIVE HEALTH & WELFARE	APPRENTICE & TRAINING	VACATION & HOLIDAY	FINANCIAL SECURITY	MARKET RECOVERY	401(k)	VACATION ADMIN.	TOTAL
MEMBER CLASSIFICATION	APPR. CODE	TOTAL HOURS	\$1.33	\$7.27	\$0.81	\$5.25	\$4.70	\$0.67	\$1.75	\$0.07	
Journeyman		0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
APPRENTICES POST 9/2002											
90% - 95%	A8	0.00	\$0.00	\$0.00	\$0.00	\$4.25 \$0.00	\$3.50 \$0.00	\$0.00	\$0.00	\$0.00	\$0.00
70% - 80%	A7	0.00	\$0.00	\$0.00	\$0.00	\$3.25 \$0.00	\$2.50 \$0.00	\$0.00	\$0.00	\$0.00	\$0.00
50% - 60%	A6	0.00	\$0.00	\$0.00	\$0.00	\$2.25 \$0.00	\$1.50 \$0.00	\$0.00	\$0.00	\$0.00	\$0.00
45%	A5	0.00	\$0.00	\$0.00	\$0.00	\$1.25 \$0.00	N/A	\$0.00	\$0.00	\$0.00	\$0.00
40%	A4	0.00	N/A	\$0.00	N/A	\$1.25 \$0.00	N/A	N/A	N/A	\$0.00	\$0.00
Liquidated Damages or Adjustments			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTALS		0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
UBC Training Fund @ \$0.10 per hour			\$0.00					UBC Fund Total		\$0.00	
(Effective September 1, 2003) Excludes 40% (A1 & A4) Apprentices						(Effective August 30, 2004) Excludes 40% (A1 & A4) Apprentices			GRAND TOTAL		\$0.00

HAWAII CARPENTERS JOINT TRUST FUNDS

EMPLOYERS MONTHLY REPORT TO TRUSTEES

THIS REPORT COVERS HOURS FOR THIS MONTH OF			ACCOUNT NUMBER		THIS REPORT SHOULD BE ACCOMPANIED BY ONE CHECK TO: FIRST HAWAIIAN BANK WEALTH MANAGEMENT GROUP CONTRIBUTION PROCESSING P. O. BOX 3708 HONOLULU, HAWAII 96811-3708			The undersigned, as the authorized representative of the Signatory Contractor herein agrees to comply with the wages, hours and working conditions of the Collective Bargaining Agreement between the Hawaii Regional Council of Carpenters (hereinafter HRCC), and Signatory Contractor members of the General Contractors Labor Association and the Building Industry Labor Association, Hawaii Wall and Ceiling Industry Association, and independent Signatory Contractors (hereinafter Contractor). The Contractor hereby adopts and agrees to be bound by the Trust agreements and amendments thereto of the Hawaii Carpenters Health & Welfare Fund, Hawaii Carpenters Apprenticeship and Training Fund, Hawaii Carpenters Vacation and Holiday Fund, Hawaii Carpenters Financial Security Fund, Hawaii Carpenters Market Recovery Program, Hawaii Carpenters 401(k) Plan, Hawaii Carpenters Vacation Administration Account and rules and regulations adopted thereunder by the Trustees. its agent to receive supplemental dues authorizations from his or its employees pursuant to Section 302(c)(4) of the Labor Management Relations Act of 1947, as amended, (ii) that HBAI is directed by the Contractor to (a) deposit the monies reported herein under the Vacation & Holiday Fund in a special account, (b) transfer monthly from such account the supplemental dues paid with respect to the work of each employee who has on file with HBAI an unrevoked supplemental dues authorization in a form complying with law to HRCC as supplemental dues, and (c) transfer the remaining monies in said account to the Hawaii Carpenters Vacation & Holiday Fund for credit to the accounts of the other employees. I do hereby certify under penalty of perjury that the employees listed on this report form constitute all the employees for who I am required to make payments to the various Trust Funds and that the hours shown for each employee are the total hours for which he/she worked or was paid. I understand that an incorrect Social Security Number provided for an employee may result in incorrect contributions being paid to the wrong employee. I, as the Employer, will be solely responsible for any lost or misplaced contributions resulting from such errors. I will also be responsible for any lost or misplaced contributions resulting from any apprentice adjustments, and any discrepancies found through audit.			
FEDERAL I.D. NUMBER			STATE LICENSE NUMBER								
EMPLOYER NAME AND ADDRESS <div style="text-align: center;"> COMPANY NAME STREET ADDRESS CITY, STATE ZIP CODE </div> CARPENTER COMPETITIVE 09/2016 IUC IF THE ABOVE INFORMATION IS INCORRECT PLEASE INDICATE CHANGES					NO EMPLOYEES: THIS REPORT MUST BE FILED EVEN THOUGH NO EMPLOYEES WORKED THIS MONTH. PLEASE CHECK THE APPROPRIATE BOX. <input type="checkbox"/> NO EMPLOYEES WORKED THIS MONTH. PLEASE CONTINUE MAILING REPORT FORMS. <input type="checkbox"/> TRANSFER TO INACTIVE STATUS. WE HAD NO EMPLOYEES TO REPORT THIS MONTH AND DO NOT ANTICIPATE HIRING ANY IN						
SIGNED BY			TITLE		DATE						
COMPUTATION OF CONTRIBUTIONS											
			RETIREE MEDICAL	ACTIVE HEALTH & WELFARE	APPRENTICE & TRAINING	VACATION & HOLIDAY	FINANCIAL SECURITY	MARKET RECOVERY	401(k)	VACATION ADMIN.	TOTAL
MEMBER CLASSIFICATION	APPR. CODE	TOTAL HOURS	\$0.23	\$0.52		\$5.25	\$4.70		\$1.75		
Journeyman		0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
APPRENTICES POST 9/2002											
90% - 95%	A8	0.00	\$0.00	\$0.00	\$0.00	\$4.25 \$0.00	\$3.50 \$0.00	\$0.00	\$0.00	\$0.00	\$0.00
70% - 80%	A7	0.00	\$0.00	\$0.00	\$0.00	\$3.25 \$0.00	\$2.50 \$0.00	\$0.00	\$0.00	\$0.00	\$0.00
50% - 60%	A6	0.00	\$0.00	\$0.00	\$0.00	\$2.25 \$0.00	\$1.50 \$0.00	\$0.00	\$0.00	\$0.00	\$0.00
45%	A5	0.00	\$0.00	\$0.00	\$0.00	\$1.25 \$0.00	N/A	\$0.00	\$0.00	\$0.00	\$0.00
40%	A4	0.00	N/A	\$0.00	N/A	\$1.25 \$0.00	N/A	N/A	N/A	\$0.00	\$0.00
Liquidated Damages or Adjustments			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTALS		0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(Effective September 1, 2003) Excludes 40% (A1 & A4) Apprentices							(Effective August 30, 2004) Excludes 40% (A1 & A4) Apprentices		GRAND TOTAL		\$0.00

HAWAII CARPENTERS JOINT TRUST FUNDS

EMPLOYERS MONTHLY REPORT TO TRUSTEES

THIS REPORT COVERS HOURS FOR THIS MONTH OF			ACCOUNT NUMBER		THIS REPORT SHOULD BE ACCOMPANIED BY ONE CHECK TO: FIRST HAWAIIAN BANK WEALTH MANAGEMENT GROUP CONTRIBUTION PROCESSING P. O. BOX 3708 HONOLULU, HAWAII 96811-3708			The undersigned, as the authorized representative of the Signatory Contractor herein agrees to comply with the wages, hours and working conditions of the Collective Bargaining Agreement between the Hawaii Regional Council of Carpenters (hereinafter HRCC), and Signatory Contractor members of the General Contractors Labor Association and the Building Industry Labor Association, Hawaii Wall and Ceiling Industry Association, and independent Signatory Contractors (hereinafter Contractor). The Contractor hereby adopts and agrees to be bound by the Trust agreements and amendments thereto of the Hawaii Carpenters Health & Welfare Fund, Hawaii Carpenters Apprenticeship and Training Fund, Hawaii Carpenters Vacation and Holiday Fund, Hawaii Carpenters Financial Security Fund, Hawaii Carpenters Market Recovery Program, Hawaii Carpenters 401(k) Plan, Hawaii Carpenters Vacation Administration Account and rules and regulations adopted thereunder by the Trustees. I do hereby certify (i) that Hawaii Carpenters Administrators, Inc. (HCAI) is designated by the Contractor as his or its agent to receive supplemental dues authorizations from his or its employees pursuant to Section 302(c)(4) of the Labor Management Relations Act of 1947, as amended, (ii) that HBAI is directed by the Contractor to (a) deposit the monies reported herein under the Vacation & Holiday Fund in a special account, (b) transfer monthly from such account the supplemental dues paid with respect to the work of each employee who has on file with HBAI an unrevoked supplemental dues authorization in a form complying with law to HRCC as supplemental dues, and (c) transfer the remaining monies in said account to the Hawaii Carpenters Vacation & Holiday Fund for credit to the accounts of the other employees. I do hereby certify under penalty of perjury that the employees listed on this report form constitute all the employees for who I am required to make payments to the various Trust Funds and that the hours shown for each employee are the total hours for which he/she worked or was paid. I understand that an incorrect Social Security Number provided for an employee may result in incorrect contributions being paid to the wrong employee. I, as the Employer, will be solely responsible for any lost or misplaced contributions resulting from such errors. I will also be responsible for any lost or misplaced contributions resulting from any apprentice adjustments, and any discrepancies found through audit.			
FEDERAL I.D. NUMBER			STATE LICENSE NUMBER								
EMPLOYER NAME AND ADDRESS <div style="text-align: center;"> COMPANY NAME STREET ADDRESS CITY, STATE ZIP CODE </div>					NO EMPLOYEES: THIS REPORT MUST BE FILED EVEN THOUGH NO EMPLOYEES WORKED THIS MONTH. PLEASE CHECK THE APPROPRIATE BOX. <input type="checkbox"/> NO EMPLOYEES WORKED THIS MONTH. PLEASE CONTINUE MAILING REPORT FORMS. <input type="checkbox"/> TRANSFER TO INACTIVE STATUS. WE HAD NO EMPLOYEES TO REPORT THIS MONTH AND DO NOT ANTICIPATE HIRING ANY IN						
DRYWALL-MASTER AGREEMENT 09/2016 DL IF THE ABOVE INFORMATION IS INCORRECT PLEASE INDICATE CHANGES					SIGNED BY _____ TITLE _____ DATE _____						
COMPUTATION OF CONTRIBUTIONS											
			RETIREE MEDICAL	ACTIVE HEALTH & WELFARE	APPRENTICE & TRAINING	VACATION & HOLIDAY	FINANCIAL SECURITY	MARKET RECOVERY	401(k)	VACATION ADMIN.	TOTAL
MEMBER CLASSIFICATION	APPR. CODE	TOTAL HOURS	\$1.33	\$7.27	\$0.81	\$5.25	\$4.70	\$0.67	\$1.75	\$0.07	
Journeyman		0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
APPRENTICES POST 9/2002											
90% - 95%	A8	0.00	\$0.00	\$0.00	\$0.00	\$4.25 \$0.00	\$3.50 \$0.00	\$0.00	\$0.00	\$0.00	\$0.00
70% - 80%	A7	0.00	\$0.00	\$0.00	\$0.00	\$3.25 \$0.00	\$2.50 \$0.00	\$0.00	\$0.00	\$0.00	\$0.00
50% - 60%	A6	0.00	\$0.00	\$0.00	\$0.00	\$2.25 \$0.00	\$1.50 \$0.00	\$0.00	\$0.00	\$0.00	\$0.00
45%	A5	0.00	\$0.00	\$0.00	\$0.00	\$1.25 \$0.00	N/A	\$0.00	\$0.00	\$0.00	\$0.00
40%	A4	0.00	N/A	\$0.00	N/A	\$1.25 \$0.00	N/A	N/A	N/A	\$0.00	\$0.00
Liquidated Damages or Adjustments			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTALS		0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
UBC Training Fund @ \$0.10per hour			\$0.00					UBC Fund Total		\$0.00	
(Effective September 1, 2003) Excludes 40% (A1 & A4) Apprentices						(Effective August 30, 2004) Excludes 40% (A1 & A4) Apprentices			GRAND TOTAL		\$0.00

HAWAII CARPENTERS JOINT TRUST FUNDS

EMPLOYERS MONTHLY REPORT TO TRUSTEES

THIS REPORT COVERS HOURS FOR THIS MONTH OF			ACCOUNT NUMBER		THIS REPORT SHOULD BE ACCOMPANIED BY ONE CHECK TO: FIRST HAWAIIAN BANK WEALTH MANAGEMENT GROUP CONTRIBUTION PROCESSING P. O. BOX 3708 HONOLULU, HAWAII 96811-3708			The undersigned, as the authorized representative of the Signatory Contractor herein agrees to comply with the wages, hours and working conditions of the Collective Bargaining Agreement between the Hawaii Regional Council of Carpenters (hereinafter HRCC), and Signatory Contractor members of the General Contractors Labor Association and the Building Industry Labor Association, Hawaii Wall and Ceiling Industry Association, and independent Signatory Contractors (hereinafter Contractor). The Contractor hereby adopts and agrees to be bound by the Trust agreements and amendments thereto of the Hawaii Carpenters Health & Welfare Fund, Hawaii Carpenters Apprenticeship and Training Fund, Hawaii Carpenters Vacation and Holiday Fund, Hawaii Carpenters Financial Security Fund, Hawaii Carpenters Market Recovery Program, Hawaii Carpenters 401(k) Plan, Hawaii Carpenters Vacation Administration Account and rules and regulations adopted thereunder by the Trustees.				
FEDERAL I.D. NUMBER			STATE LICENSE NUMBER									
EMPLOYER NAME AND ADDRESS <div style="text-align: center;"> COMPANY NAME STREET ADDRESS CITY, STATE ZIP CODE </div>					NO EMPLOYEES: THIS REPORT MUST BE FILED EVEN THOUGH NO EMPLOYEES WORKED THIS MONTH. PLEASE CHECK THE APPROPRIATE BOX. <input type="checkbox"/> NO EMPLOYEES WORKED THIS MONTH. PLEASE CONTINUE MAILING REPORT FORMS. <input type="checkbox"/> TRANSFER TO INACTIVE STATUS. WE HAD NO EMPLOYEES TO REPORT THIS MONTH AND DO NOT ANTICIPATE HIRING ANY IN			its agent to receive supplemental dues authorizations from his or its employees pursuant to Section 302(c)(4) of the Labor Management Relations Act of 1947, as amended, (ii) that HBAI is directed by the Contractor to (a) deposit the monies reported herein under the Vacation & Holiday Fund in a special account, (b) transfer monthly from such account the supplemental dues paid with respect to the work of each employee who has on file with HBAI an unrevoked supplemental dues authorization in a form complying with law to HRCC as supplemental dues, and (c) transfer the remaining monies in said account to the Hawaii Carpenters Vacation & Holiday Fund for credit to the accounts of the other employees. I do hereby certify under penalty of perjury that the employees listed on this report form constitute all the employees for who I am required to make payments to the various Trust Funds and that the hours shown for each employee are the total hours for which he/she worked or was paid. I understand that an incorrect Social Security Number provided for an employee may result in incorrect contributions being paid to the wrong employee. I, as the Employer, will be solely responsible for any lost or misplaced contributions resulting from such errors. I will also be responsible for any lost or misplaced contributions resulting from any apprentice adjustments, and any discrepancies found through audit.				
DRYWALL COMPETITIVE 09/2016 DLC IF THE ABOVE INFORMATION IS INCORRECT PLEASE INDICATE CHANGES												
COMPUTATION OF CONTRIBUTIONS												
			RETIREE MEDICAL	ACTIVE HEALTH & WELFARE	APPRENTICE & TRAINING	VACATION & HOLIDAY	FINANCIAL SECURITY	MARKET RECOVERY	401(k)	VACATION ADMIN.	TOTAL	
MEMBER CLASSIFICATION	APPR. CODE	TOTAL HOURS	\$0.23	\$0.52		\$5.25	\$4.70		\$1.75			
Journeyman		0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
APPRENTICES POST 9/2002												
90% - 95%	A8	0.00	\$0.00	\$0.00	\$0.00	\$4.25 \$0.00	\$3.50 \$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
70% - 80%	A7	0.00	\$0.00	\$0.00	\$0.00	\$3.25 \$0.00	\$2.50 \$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
50% - 60%	A6	0.00	\$0.00	\$0.00	\$0.00	\$2.25 \$0.00	\$1.50 \$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
45%	A5	0.00	\$0.00	\$0.00	\$0.00	\$1.25 \$0.00		N/A	\$0.00	\$0.00	\$0.00	
40%	A4	0.00	N/A	\$0.00	N/A	\$1.25 \$0.00		N/A	N/A	N/A	\$0.00	\$0.00
Liquidated Damages or Adjustments			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
TOTALS		0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
(Effective September 1, 2003) Excludes 40% (A1 & A4) Apprentices						(Effective August 30, 2004) Excludes 40% (A1 & A4) Apprentices			GRAND TOTAL		\$0.00	

HOURS WORKED REPORT **JOURNEYMEN AND PRE 9/2002 APPRENTICES**

Employer Name: _____

Account Number: _____

Hours for the Month Of: _____

EMPLOYEE'S NAME LAST NAME & FIRST NAME		SOCIAL SECURITY NUMBER	TOTAL HOURS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
TOTAL HOURS THIS PAGE			0.00

HOURS WORKED REPORT			
POST 9/2002 40% APPRENTICES (A4)			
	Employer Name:		
	Account Number:		
	Hours for the Month Of:		
EMPLOYEE'S NAME LAST NAME & FIRST NAME		SOCIAL SECURITY NUMBER	TOTAL HOURS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
TOTAL HOURS THIS PAGE			0.00

HOURS WORKED REPORT **POST 9/2002 45% APPRENTICES (A5)**

Employer Name: _____

Account Number: _____

Hours for the Month Of: _____

EMPLOYEE'S NAME LAST NAME & FIRST NAME		SOCIAL SECURITY NUMBER	TOTAL HOURS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
TOTAL HOURS THIS PAGE			0.00

HOURS WORKED REPORT
POST 9/2002 50% - 60% APPRENTICES (A6)

Employer Name: _____

Account Number: _____

Hours for the Month Of: _____

	EMPLOYEE'S NAME LAST NAME & FIRST NAME	SOCIAL SECURITY NUMBER	TOTAL HOURS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
TOTAL HOURS THIS PAGE			0.00

HOURS WORKED REPORT **POST 9/2002 70% - 80% APPRENTICES (A7)**

Employer Name: _____

Account Number: _____

Hours for the Month Of: _____

EMPLOYEE'S NAME LAST NAME & FIRST NAME		SOCIAL SECURITY NUMBER	TOTAL HOURS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
TOTAL HOURS THIS PAGE			0.00

HOURS WORKED REPORT **POST 9/2002 90% - 95% APPRENTICES (A8)**

Employer Name: _____

Account Number: _____

Hours for the Month Of: _____

	EMPLOYEE'S NAME LAST NAME & FIRST NAME	SOCIAL SECURITY NUMBER	TOTAL HOURS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
TOTAL HOURS THIS PAGE			0.00

EXHIBIT "A-1"
SCHEDULED WAGE & BENEFIT INCREASES
COVERING CARPENTERS IN THE STATE OF HAWAII

	Effective 9/2/13	Effective 9/1/14	Effective 8/31/15	Effective 8/29/16	Effective 9/4/17	Effective 9/3/18	TOTAL INCREASES
INCREASE		\$1.75	\$1.90	\$2.00	\$2.25	\$2.50	
WAGE RATE (Journeyman)	\$40.75 per hour	(+\$1.50) \$42.25	(+\$1.65) \$43.90	(+\$1.75) \$45.65	(+\$1.80) \$47.45	(+\$2.00) \$49.45	(+\$8.70)
HEALTH & WELFARE	\$6.77	(+\$0.10) \$6.87	(+\$0.15) \$7.02	(+\$0.25) \$7.27	(+\$0.25) \$7.52	(+\$0.25) \$7.77	(+\$1.00)
FUTURE RETIREE MEDICAL	\$1.08	(+\$0.15) \$1.23	(+\$0.10) \$1.33	\$1.33	\$1.33	\$1.33	(+\$0.25)
FINANCIAL SECURITY	\$4.70	\$4.70	\$4.70	\$4.70	\$4.70	\$4.70	
401 (k)	\$1.75	\$1.75	\$1.75	\$1.75	\$1.75	\$1.75	
VACATION & HOLIDAY	\$5.25	\$5.25	\$5.25	\$5.25	\$5.25	\$5.25	
VACATION FUND ADMIN FEE*	\$0.07	\$0.07	\$0.07	\$0.07	\$0.07	\$0.07	
APPRENTICESHIP & TRAINING	\$0.81	\$0.81	\$0.81	\$0.81	\$0.81	\$0.81	
MARKET RECOVERY PROGRAM	\$0.67	\$0.67	\$0.67	\$0.67	\$0.67	\$0.67	
CARPENTERS INTERNATIONAL TRAINING FUND	\$0.10	\$0.10	\$0.10	\$0.10	\$0.10	\$0.10	
WAGE/FRINGE OPTION					\$0.20	\$0.25	(+\$0.45)
TOTAL WAGES	\$61.95 per hour	(+\$1.75) \$63.70	(+\$1.90) \$65.60	(+\$2.00) \$67.60	(+\$2.25) \$69.85	(+\$2.50) \$72.35	(+\$10.40) \$72.35

Industry Improvement Program	\$0.03	\$0.03	\$0.03	\$0.03	\$0.03	\$0.03	\$0.03
Labor Association Contract Negotiation Administration Fee	\$0.065	\$0.065	\$0.065	\$0.065	\$0.065	\$0.065	\$0.065
BILA	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05
TOTAL PACKAGE GCLA	\$62.045 per hour	\$63.795	\$65.695	\$67.695	\$69.945	\$72.445	\$72.445
BILA	\$62.03	\$63.78	\$65.68	\$67.68	\$69.93	\$72.43	\$72.43

*The Employer's contribution to the Vacation Fund Administration Fee in non-taxable

WAGE/FRINGE OPTION. The Wage/Fringe Option shall be subject to allocation by the Union. However, Health & Welfare requirements shall have priority over other wage/benefit items in the allocation of the wage/fringe option. Also, the establishment for any new program(s) or fund(s) shall require mutual agreement between the parties.

EXHIBIT A-1

	Eff 09-02-13	Eff 09-01-14	Eff 08-31-15	Eff 08-29-16	Eff 09-04-17	Eff 09-03-18	TOTAL INCREASES
Increase		\$1.75	\$1.90	\$2.00	\$2.25	\$2.50	
Wage Rate (Journeyman)	\$41.00/hr	(\$1.50) \$42.50	(+\$1.65) \$44.15	(+\$1.75) \$45.90	(+\$1.80) \$47.70	(+\$2.00) \$49.70	(+ 8.70)
Health & Welfare	\$ 6.77	(+ .10) \$6.87	(+ .15) \$7.02	(+ .25) \$7.27	(+ .25) \$7.52	(+ .25) \$7.77	(+ 1.00)
Future Retiree Medical	\$ 1.08	(+ .15) \$1.23	(+ .10) \$1.33	\$1.33	\$1.33	\$1.33	(+ .25)
Financial Security Fund	\$ 4.70	\$4.70	\$4.70	\$4.70	\$4.70	\$4.70	
401(k)	\$ 1.75	\$1.75	\$1.75	\$1.75	\$1.75	\$1.75	
Vacation & Holiday Fund	\$ 5.25	\$5.25	\$5.25	\$5.25	\$5.25	\$5.25	
Vacation Fund Admin Fee*	\$.07	\$.07	\$.07	\$.07	\$.07	\$.07	
Apprenticeship & Training	\$.81	\$.81	\$.81	\$.81	\$.81	\$.81	
Market Recovery Program	\$.67	\$.67	\$.67	\$.67	\$.67	\$.67	
Carpenters International Training Fund	\$.10	\$.10	\$.10	\$.10	\$.10	\$.10	
WAGE/FRINGE OPTION					\$.20	\$.25	(+ .45)
TOTAL WAGES	\$62.20	(+\$1.75) \$63.95	(+\$1.90) \$65.85	(+\$2.00) \$67.85	(+\$2.25) \$70.10	(+\$2.50) \$72.60	(+10.40)

* The Employer's contribution to the Vacation Fund Administration Fee is non-taxable.

WAGE/FRINGE OPTION. The Wage/Fringe Option shall be subject to allocation by the Union. However, Health & Welfare requirements shall have priority over other wage/benefit items in the allocation of the wage/fringe option. Also, the establishment for any new program(s) or fund(s) shall require mutual agreement between the parties.

	Current	Eff 09-01-14	Eff 08-31-15	Eff 08-28-16	Eff 09-04-17	Eff 08-29-18
Hawaii Drywall Industry Improvement Program	\$.15	\$.15	\$.15	\$.15	\$.15	\$.15

EXHIBIT "A-2

APPRENTICE, DIVING AND DAVIS-BACON RATES

A. CARPENTER APPRENTICE1. Hourly Wage Rate

The hourly wage rate of a Carpenter Apprentice shall be as set forth in the following schedule:

1st Period Apprentice....	1 to 1,000 hrs....	40% of Journeyman's wage rate
2nd Period Apprentice....	1,001 to 2,000 hrs....	45% of Journeyman's wage rate
3rd Period Apprentice....	2,001 to 3,000 hrs....	50% of Journeyman's wage rate
4th Period Apprentice....	3,001 to 4,000 hrs....	60% of Journeyman's wage rate
5th Period Apprentice....	4,001 to 5,000 hrs....	70% of Journeyman's wage rate
6th Period Apprentice....	5,001 to 6,000 hrs....	80% of Journeyman's wage rate
7th Period Apprentice....	6,001 to 7,000 hrs....	90% of Journeyman's wage rate
8th Period Apprentice....	7,001 to 8,000 hrs....	95% of Journeyman's wage rate

B. TRUST FUND CONTRIBUTIONS FOR CARPENTER APPRENTICES INDENTURED BEFORE SEPTEMBER 1, 2002

During an apprentice's first 1,000 hours of employment there will be no contributions to any Fund except for Health & Welfare and Vacation & Holiday Fund. Thereafter, all contributions shall be on the same basis as Journeymen.

C. TRUST FUND CONTRIBUTIONS FOR CARPENTER APPRENTICES INDENTURED AFTER SEPTEMBER 1, 2002:

During an apprentice's first 1,000 hours of employment there will be no contributions to any Fund except for Health & Welfare and Vacation & Holiday Fund. Thereafter, all contributions shall be on the same basis as Journeymen, except as provided below:

	<u>Vacation & Holiday Trust Fund Contribution</u>	<u>401(k)</u>	<u>Financial Security Trust Fund Contribution Effective 9/1/14</u>
1st Period Apprentice - 40% of Journeyman's wage rate	1.25	0	0
2nd Period Apprentice - 45% of Journeyman's wage rate	1.25	1.75	0
3rd Period Apprentice - 50% of Journeyman's wage rate	2.25	1.75	1.20 1.50
4th Period Apprentice - 60% of Journeyman's wage rate	2.25	1.75	1.20 1.50
5th Period Apprentice - 70% of Journeyman's wage rate	3.25	1.75	2.20 2.50
6th Period Apprentice - 80% of Journeyman's wage rate	3.25	1.75	2.20 2.50
7th Period Apprentice - 90% of Journeyman's wage rate	4.25	1.75	3.20 3.50
8th Period Apprentice - 95% of Journeyman's wage rate	4.25	1.75	3.20 3.50

ATTACHMENT "A"
COMPETITIVE PROGRAM FOR PRIVATE PROJECTS
\$5 MILLION OR LESS

	Effective 9/1/14		Effective 8/31/15		No Change 2016 Eff. 8/29/16
	Master Agreement	Competitive Package	Master Agreement	Competitive Package	
Wage Rate	42.25	42.25	43.90	43.90	
Health & Welfare	6.87	.52	7.02	.52	
Future Retiree Medical	1.23	.23	1.33	.23	
Financial Security Fund	4.70	4.70	4.70	4.70	
401-K	1.75	1.75	1.75	1.75	
Vacation & Holiday Fund	5.25	5.25	5.25	5.25	
Administration Fee	.07	---	.07	---	
Apprenticeship and Training	.81	---	.81	---	
Market Recovery	.67	---	.67	---	
UBC Training Fund	.10	---	.10	---	
Total Wages and Fringes	63.70	54.70	65.60	56.35	
Difference		(-9.00)		(-9.25)	

ATTACHMENT "A"
DRYWALL
COMPETITIVE PROGRAM FOR PRIVATE PROJECTS
\$500,000 OR LESS

	Effective No change for 2016 08/31/15	
	Drywall Master Agreement	Competitive Program
Wage Rate	44.15	44.15
Health & Welfare	7.02	.52
Future Retiree Medical	1.33	.23
Financial Security Fund	4.70	4.70
401-K	1.75	1.75
Vacation & Holiday Fund	5.25	5.25
Administration Fee	.07	---
Apprenticeship and Training	.81	---
Market Recovery	.67	---
UBC Training Fund	.10	---
Total Wages and Fringes	65.85	56.60
Difference		(-9.25)

APPRENTICE

☐ Interview☐ Job Call☐ Loan☐ Organizing☐ Rehire☐ Solicitation**HAWAII CARPENTERS UNION**

1311 Houghtailing Street, Honolulu, Hawaii 96817 • Telephone (808) 847-5761

Contractor _____ Contact _____

Report to (Location) _____ Job Location _____

This will introduce _____ Soc. Sec. / ID # _____

Job Steward _____ To be interviewed as _____

Total accumulated hour _____ Rate _____ Job Steward _____

I assign to the UNITED BROTHERHOOD OF CARPENTERS AND JOINERS OF AMERICA, LOCAL 745, out of my wages for Union initiation fees not more than \$ _____ and an amount for working dues as determined from time to time by the Union and approved by the members, and certified to you in writing by the Union, and I authorize the payment to the Union each month of the amount so deducted. This assignment shall supplement any assignment I previously signed and both assignments shall be subject to the following paragraph.

This assignment shall be irrevocable until one year from the date below, or until the termination of the applicable collective bargaining agreement (within the meaning of the Labor Management Relations Act, 1947), whichever occurs sooner, and shall be automatically renewed and shall be irrevocable for successive periods of one year each or for the period of each succeeding applicable collective bargaining agreement, whichever shall be shorter, unless at least ten days and not more than twenty days before the expiration of each period of one year or of each applicable collective bargaining agreement, whichever occurs sooner, I give written notice to the Employer of my desire to revoke the assignment. The Financial Secretary of Local 745 is authorized to deposit this authorization with any Employer under contract with Local 745, including any employer I formerly worked for, and is further authorized to transfer this authorization to any Employer under contract with Local 745 in the event that I should change employment.

There shall be no obligation on the part of the Employer to make any deduction beyond the original term of the collective bargaining agreement existing on the date of this assignment, unless the agreement is extended or a new agreement has been negotiated containing an authorization for Union deduction as provided in the agreement existing at the date of this assignment.

CARPENTERS UNION, LOCAL 745

X _____ Date _____
Employee Signature Dispatcher

I, the undersigned, hereby designate the UNITED BROTHERHOOD OF CARPENTERS AND JOINERS OF AMERICA, LOCAL 745, as the exclusive bargaining representative for all matters pertaining to my wages, hours and conditions of work.

X _____ Date _____
Signature

Comments: _____

Benefit Level: (please check one)

☐ A1 - 40% Apprentice pre 9/2002☐ A4 - 40% Apprentice post 9/2002☐ A6 - 50%-60% Apprentice post 9/2002☐ A8 - 90%-95% Apprentice post 9/2002☐ A2 - 45% Apprentice pre 9/2002☐ A5 - 45% Apprentice post 9/2002☐ A7 - 70%-80% Apprentice post 9/2002☐ Other: _____☐ A3 - 50% Apprentice pre 9/2002Apprentice is currently under probation and is entitled to receive HEALTH & WELFARE and VACATION & HOLIDAY benefits only. ☐ YES ☐ NO

HAWAII CARPENTERS 401(k) FUND

EMPLOYEE CONTRIBUTION REPORT

THIS REPORT COVERS HOURS FOR THIS MONTH OF		ACCOUNT NUMBER		MAKE CHECK PAYABLE TO: HAWAII CARPENTERS 401(k) FUND		
FEDERAL I.D. NUMBER		PAY PERIOD ENDING DATE		MAIL CHECK & REPORT TO: FIRST HAWAIIAN BANK WEALTH MANAGEMENT GROUP CONTRIBUTION PROCESSING P.O. BOX 3708 HONOLULU, HI 96811-3708		
EMPLOYER NAME AND ADDRESS				PRINT NAME TELEPHONE #		
				SIGNATURE DATE		
				IF THE ABOVE INFORMATION IS INCORRECT PLEASE INDICATE CHANGES		
EMPLOYEE'S NAME LAST NAME & FIRST NAME		SOCIAL SECURITY NUMBER		TOTAL HOURS	401(K) EMPLOYEE CONTRIBUTION AMT. PER HOUR	TOTAL CONTRIBUTION DUE
				GRAND TOTAL: \$		

The undersigned, as the authorized representative of the signatory contractor herein agrees to comply with the wages, hours and working conditions of the Collective Bargaining Agreement between Hawaii Regional Council of Carpenters of the United Brotherhood of Carpenters and Joiners of America (hereinafter Regional Council), and signatory contractor members of the General Contractors Labor Association and the Building Industry Labor Association of Hawaii, Hawaii Wall and Ceiling Industry Association, and independent contractors (hereinafter Contractor).

The Contractor hereby adopts and agrees to be bound by the Trust agreements and amendments thereto of the Hawaii Carpenters 401(k) rules and regulations adopted thereunder by the Trustees.

I do hereby certify under penalty of perjury that the employees listed on this report form constitute all the employees who have submitted requests for before tax employee contributions into the 401(k) Fund and that the hours shown for each employee are the total hours from which 401(k) employee contributions were deducted. I understand that an incorrect Social Security Number provided for an employee may result in incorrect contributions being paid to the wrong employee. I, as the Employer, will be solely responsible for any lost or misplaced contributions resulting from such errors.

RECEIVE DATE:

The reports are due to First Hawaiian Bank within seven business days from the pay check date. Penalties and interest assessments shall apply for any late contributions received after the due date.

HAWAII CARPENTERS 401(k) FUND EMPLOYEE CONTRIBUTION SPREADSHEET

Employer Name: _____
 Account Number: _____
 Hours for Pay Period Ending: _____
 Month Of: _____
 Print Name: _____
 Signature: _____
 Telephone #: _____

EMPLOYEE'S NAME LAST NAME & FIRST NAME		APPRENTICE CODE	SOCIAL SECURITY NUMBER	TOTAL HOURS	401(k) EMPLOYEE CONTRIBUTION AMT. PER HOUR	TOTAL CONTRIBUTION
1						0.00
2						0.00
3						0.00
4						0.00
5						0.00
6						0.00
7						0.00
8						0.00
9						0.00
10						0.00
11						0.00
12						0.00
13						0.00
14						0.00
15						0.00
16						0.00
17						0.00
18						0.00
19						0.00
20						0.00
21						0.00
22						0.00
23						0.00
24						0.00
25						0.00
26						0.00
27						0.00
28						0.00
29						0.00
30						0.00

TOTALS: 0.00 \$0.00

NOTE: 40% Apprentices (Level A4) are not eligible. Please report only the hours from which a 401(k) employee contribution was deducted for the week. Attaching this spreadsheet to the actual 401(k) Employee Contribution Report Form is optional. Please make checks payable to: Hawaii Carpenters 401(k) Fund and submit it along with the report to First Hawaiian Bank, Wealth Management Group, Contribution Processing, P. O. Box 3708, Honolulu, HI 96811. The report is due to First Hawaiian Bank within seven business days following the pay check date.

Hawaii Carpenters 401(k) Fund: Contribution Worksheet

Plan ID: 767258-001
Contract #: 39117

1. Information About You

Name (First, M.I., Last):			Social Security #:
Street Address:			Date of Birth:
City/Town:	State:	Zip:	Date of Hire:
Home Telephone:	Cellular Telephone:		

2. Information About Your Current Employer

Employer Name:			
Street Address:			
City/Town:	State:	Zip:	Telephone Number:

3. Make Your Contribution Deduction

I want to make my before-tax contributions of \$_____ per hour (Note: your contribution must be in \$1 dollar increments. The maximum amount you can contribute to your account in 2017 is \$18,000. If you are age 50 and over, the additional catch-up contribution is \$6,000, for a total maximum contribution limit of \$24,000. (Signing this form constitutes your authorization for a catch-up contribution, if applicable). Please complete this section if you wish to discontinue your 401(k) employee contribution, and indicate "zero" in the blank above.

4. Your Confirmation

I certify that the information above is accurate and complete. I give my employer permission to make changes to the portion of my pay that I am contributing to the plan, according to the instructions above.

Your signature:_____. Date:_____.

IMPORTANT! Please make a copy of this worksheet for your records and return the signed form to:

Hawaii Carpenters Trust Funds, Attn: 401(k) Fund, 200 N. Vineyard Boulevard, Building A Suite 100, Honolulu, Hawaii 96817

OR fax the form to (808) 841-2900

Employer to complete: _____ **Company:**_____.

Effective payroll ending: ____ / ____ / _____. Completed by: _____.

Telephone #: _____. Signature: _____. Date: ____ / ____ / ____.

Please return a copy of this form to the Trust Fund Office

Trust Fund Office to Complete:

Is member eligible to make employee contributions? ☐ Yes ☐ No H/S? Yes ☐ No ☐

Worksheet Sent to Employer on: _____

Current contribution rate: \$ ____/hr Employer: _____ Date: _____.

New contribution rate: \$ ____/hr Employer: _____ Date: _____.

Signature: _____ Date: _____.

Revised 12/2016

January

2017

Sun	Mon	Tue	Wed	Thu	Fri	Sat
NEW YEARS 1	2 ER should receive report for pay period 12/31/16	3 Report due to FHB for pay period ending 12/17/16	4	5	6 Paycheck issued for pay period ending 12/31/16	7 Pay period ending 1/7/17
8	9 ER should receive report for pay period 1/7/17	10 Report due to FHB for pay period ending 12/24/16	11	12	13 Paycheck issued for pay period ending 1/7/17	14 Pay period ending 1/14/17
15	16 ER should receive report for pay period 1/14/17	17 Report due to FHB for pay period ending 12/31/16	18	19	20 Paycheck issued for pay period ending 1/14/17	21 Pay period ending 1/21/17
22	23 ER should receive report for pay period 1/21/17	24 Report due to FHB for pay period ending 1/7/17	25	26	27 Paycheck issued for pay period ending 1/21/17	28 Pay period ending 1/28/17
29	30 ER should receive report for pay period 1/28/17	31 Report due to FHB for pay period ending 1/14/17				

February

2017

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3 Paycheck issued for pay period ending 1/28/17	4 Pay period ending 2/4/17
5	6 ER should receive report for pay period 2/4/17	7 Report due to FHB for pay period ending 1/28/17	8	9	10 Paycheck issued for pay period ending 2/4/17	11 Pay period ending 2/11/17
12	13 ER should receive report for pay period 2/11/17	14 Report due to FHB for pay period ending 2/4/17	15	16	17 Paycheck issued for pay period ending 2/11/17	18 Pay period ending 2/18/17
19	20 ER should receive report for pay period 2/18/17	21 Report due to FHB for pay period ending 2/4/17	22	23	24 Paycheck issued for pay period ending 2/18/17	25 Pay period ending 2/25/17
26	27 ER should receive report for pay period 2/25/17	28 Report due to FHB for pay period ending 2/11/17	1	2	3 Paycheck issued for pay period ending 2/25/17	4 Pay period ending 3/4/17

HAWAII CARPENTERS 401(K) FUND

IMPORTANT REMINDERS

1199 DILLINGHAM BLVD. SUITE 200 / HONOLULU, HI 96817 / PHONE (808) 841-7575 / NEIGHBOR ISLANDS 1(800) 634-8608 / FAX (808) 841-2900

Pricewaterhouse Coopers, the Fund Auditor, recently completed the 2004 audit for the Hawaii Carpenters 401(k) Fund. Based on this audit, we have a few reminders to all signatory employers regarding the 401(k) Fund:

1. Effective September 1, 2004, members are allowed to change the amount of their employee contributions (or "salary deferrals") only once a month. Any changes should be effective the first pay period of the following month after you receive the request. The members can contact the Trust Fund Office to complete a new 401(k) Contribution Worksheet.
2. Members can stop their salary deferrals at any time by completing a new 401(k) Contribution Worksheet and indicating "0" under the hourly rate of salary deferrals. Please forward a copy of the completed form to the Trust Fund Office.
3. Effective immediately, the hours you indicate on the attached 401(k) Employee Contribution Report form do not have to match the hours you indicate on the regular Employer Report Form ("ERF"). The hours reported on the attached form when multiplied by the employee contribution rate should always equal the amount that you are remitting to the Trust Fund Office. If a member stopped his 401(k) salary deferrals during the middle of the month, please report only the hours that were used for the salary deferrals.

IMPORTANT: HOURS X EMPLOYEE CONTRIBUTE RATE = AMOUNT REMITTED

4. Any overtime hours should be used as straight time hours when calculating employee contributions.

EXAMPLE: Member worked 42 hours in a week, and got paid for 43 hours (40 + 1½ times 2). Member is currently deducting \$1/hour from his paycheck. Employer should use 42 hours, not 43 hours when calculating the employee contribution. Employer should deduct \$42.00 from the member's paycheck and report it accordingly on the 401(k) Employee Contribution Report.

5. At the end of the year, you must report all 401(k) Employee contributions in Box 12 of the member's Form W-2. Do not report the 401(k) Employer contributions in this Box.

If you have any questions regarding this matter, please feel free to contact our office at (808) 841-7575 ext. 12, or 1(800) 634-8608 ext. 12, if calling from the neighbor islands.

Mahalo!

April 25, 2005

HAWAII CARPENTERS TRUST FUNDS
SAMPLE PAYSTUB

HOURS		RATE	EARNINGS		OTHER PAY			DESCRIPTION	PAY PERIOD
REGULAR	OVERTIME		REGULAR	OVERTIME	BASIS	RATE	AMOUNT		
32.00	3.00	31.95	1022.40	143.78	35.00	5.00	175.00	VAC	8-30 to 9-05-04
									TOTAL PAY
									1341.18

DEDUCTIONS THIS PERIOD								TOTAL DEDUCTIONS
FWH	235.11	MED	19.45	SOC	83.15	HISWH	91.43	
VAC	175.00	401 (K)	35.00			DUES	46.65	
								685.79

EMPLOYEE INFORMATION		YEAR - TO - DATE TOTALS			NET PAY
JOHN C DOE		GROSS	FICA		
999-99-9999		FWH	SWH		655.39

NOTES:

- 1) Union dues are calculated at 4% of gross pay (straight time + overtime), excluding vacation; i.e. \$1,166.18 x 4% = \$46.65.
- 2) Vacation is added to gross pay for calculation of payroll taxes. FICA taxes are calculated based on total pay; i.e. \$1,341.18
- 3) Payroll tax (FWH, HISWH) calculations in this example are hypothetical and will vary for each employee depending on withholding amounts.
- 4) The total vacation amount is deducted from the employee's paycheck and remitted to our office on the Employers Monthly Report.
- 5) 401(k) amount is calculated based on the contribution rate selected by the member multiplied by hours worked; i.e. \$1 per hour x 35 hours = \$35.00
- 6) 401(k) salary deferrals are Federal and state tax deductible. FWH and HISWH are calculated based on total pay minus 401(k); i.e. \$1,341.18 - \$35 = \$1,306.18
- 7) 401(k) amount is deducted from the employee's paycheck and remitted to our office on the 401(k) Employee Contribution Report.

IMPORTANT:

**YOU MUST USE THE UNION'S
FORM FOR REPORTING
WORKING DUES. ANY OTHER
LISTS, FORMS, ETC. WILL
NOT BE ACCEPTED.**

THANK YOU.

EXAMPLE OF WORKING DUES CALCULATION

(Effective:)

DO NOT INCLUDE VACATION MONIES WHEN CALCULATING WORKING DUES

EXAMPLE 1: DOE, JOHN (Journeyman Carpenter)

\$31.55 - Hourly Rate of Pay for John Doe

156 Hours worked (straight time)

$\$31.55 \times 156 = \4921.80

13.5 Overtime hours worked

\$47.33 Overtime rate of pay

$\$47.33 \times 13.5 = \638.96

GROSS: \$5560.76 (\$4921.80 + 638.96)

RATE: .04 (4%)

WKG. DUES: \$ 222.43 (\$5560.76 X 4% = \$222.43)

\$222.43 IS THE AMOUNT TO BE SUBMITTED TO THE UNION FOR
JOHN DOE'S WORKING DUES.

IMPORTANT: DO NOT INCLUDE VACATION MONIES WHEN CALCULATING WORKING DUES

EXAMPLE 2: SMITH, JOHN (80% Carpenter Apprentice)

\$25.24 - Hourly Rate of Pay for John Smith (80% carpenter apprentice)

120 Hours worked (straight time)

$\$25.24 \times 120 = \3028.80

9 Overtime hours worked

\$37.86 Overtime rate of pay

$\$37.86 \times 9 = \340.74

GROSS: \$3369.54 (\$3028.80 + \$340.74)

RATE: .04 (4%)

WKG. DUES: \$ 134.78 (\$3369.54 x 4% = \$134.78)

\$134.78 IS THE AMOUNT TO BE SUBMITTED TO THE UNION FOR JOHN
SMITH'S WORKING DUES.

SAMPLE COPY OF WORKING DUES REPORT

CARPENTERS UNION, LOCAL 745

1311 HOUGHTAILING STREET * HONOLULU, HAWAII 96817

OUR RECORDS SHOW THAT THE FOLLOWING MEMBERS OF OUR UNION WERE EMPLOYED BY YOU DURING THE MONTH OF _____.

PLEASE ADD ALL UNLISTED MEMBERS EMPLOYED BY YOU IN THE ABOVE MONTH. ALSO, INDICATE UNDER THE REMARKS COLUMN ALONG WITH THE EFFECTIVE DATE ANY NEWLY HIRED AND/OR TERMINATED MEMBERS.

ADJUSTMENTS TO PRIOR MONTHS ARE TO BE ADDED TO THE BOTTOM OF THE LIST. PLEASE INCLUDE NAME, SOCIAL SECURITY NUMBER, AND EFFECTIVE MONTH ALONG WITH THE ADJUSTED HOURS AND DOLLAR AMOUNT.

YOU MUST RETURN A COPY OF THIS TRANSMITTAL, EVEN IF NONE OF OUR MEMBERS WORKED FOR YOU IN THE ABOVE MONTH.

WE REQUEST THAT A COPY OF THIS TRANSMITTAL WITH YOUR PAYMENT BE RETURNED TO OUR OFFICE NO LATER THAN _____.

THANK YOU FOR YOUR COOPERATION.

SAMPLE COPY OF WORKING DUES REPORT

EFFECTIVE: September 1, 2003

CARPENTERS UNION, LOCAL 745

WORKING DUES TRANSMITTAL FOR 09/03

HOURS * RATE = PAY

SSAN: 123-45-6789 MONTH: 09/03

NAME: DOE, JOHN

REMARKS: _____

156 * \$ 31.55 = \$ 4921.80 GROSS: \$ 5560.76
13.5 * \$ 47.33 = \$ 638.96 RATE: .04
DUES: \$ 222.43

SSAN: 888-55-9999 MONTH: 09/03

NAME: SMITH, JOHN

REMARKS: _____

120 * \$25.24 = \$ 3028.80 GROSS: \$ 3369.54
9 * \$37.86 = \$ 340.74 RATE: .04
DUES: \$ 134.78

SSAN: 777-11-7777 MONTH: 09/03

NAME: BROWN, JACK

REMARKS: Terminated: 7/27/03

____ * ____ = ____ GROSS: ____
____ * ____ = ____ RATE: .04
DUES: ____

SSAN: MONTH: 09/03

NAME:

REMARKS: _____

____ * ____ = ____ GROSS: ____
____ * ____ = ____ RATE: .04
DUES: ____

SSAN: MONTH: 09/03

NAME:

REMARKS: _____

____ * ____ = ____ GROSS: ____
____ * ____ = ____ RATE: .04
DUES: ____

SSAN: MONTH: 09/03

NAME:

REMARKS:

____ * ____ = ____ GROSS: ____
____ * ____ = ____ RATE: .04
DUES: ____



HAWAII REGIONAL COUNCIL OF CARPENTERS

IMPORTANT NOTICE

August 20, ~~2015~~ 2016

To: All Signatory Contractors
From: Hawaii Regional Council of Carpenters
Subject: Working Dues

Effective August 31, ²⁰¹⁶ ~~2015~~ the new CAP for working dues is
~~\$70.24~~ per week.
\$73.04

STATE HEADQUARTERS & BUSINESS OFFICES

OAHU: 1311 Houghtailing Street, Honolulu Hawaii 96817-2712 • Ph. (808) 847-5761 Fax (808) 440-9188
HILO OFFICE: 525 Kilauea Avenue, Room 205, Hilo, Hawaii 96720-3050 • Ph. (808) 935-8575 Fax (808) 935-8576
KONA OFFICE: 75-126 Lunapule Road, Kailua-Kona, Hawaii 96740-2106 • Ph. (808) 329-7355 Fax (808) 326-9376
MAUI OFFICE: 330 Hookahi Street, Wailuku, Maui 96793-1449 • Ph. (808) 242-6891 Fax (808) 242-5961
KAUAI OFFICE: Kuhio Medical Ctr Bldg., 3-3295 Kuhio Hwy, Suite 201, Lihue, Kauai 96766-1040 • Ph. (808) 245-8511 Fax (808) 245-8911

HAWAII CARPENTERS UNION

UNITED BROTHERHOOD OF CARPENTERS AND JOINERS OF AMERICA, LOCAL 745

IMPORTANT NOTICE

To: All Signatory Contractors
 From: Ronald I. Taketa
 Financial Secretary and Business Representative
 Re: Reduction of Union Dues and Working Dues effective January 3, 2005

Effective January 3, 2005, the monthly union dues will be reduced from \$25.00 to \$20.00. If your company is participating in the payroll deduction of monthly union dues, please adjust your deduction to reflect this new amount.

Also, effective January 3, 2005, the working dues will have a **maximum** weekly deduction of 40 hours times the *carpenter's journeyman rate* times four percent (4%). Based on the current carpenter's journeyman rate of \$31.95 per hour, the maximum deduction will be \$51.12 per week. This rate will be effective for all workers being assessed the four percent. We have illustrated different scenarios on how this new working dues maximum deduction works:

Illustration 1 - Carpenter Journeyman

24 straight time hours x \$ 31.95/hr = \$ 766.80	\$ 30.67 working dues
8 overtime hours x \$ 47.93/hr = \$ 383.44	<u>15.34 working dues</u>
	\$ 46.01 total deduction

Illustration 2 - Drywall Journeyman

40 straight time hours x \$32.20/hr = \$ 1,288.00	\$ 51.52 working dues
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The working dues of \$51.52 exceeds the maximum weekly deduction. Thus, the working dues deduction for this employee will be \$51.12.

Illustration 3 - Carpenter Journeyman

38 straight time hours x \$ 31.95/ hr = \$ 1,214.10	\$ 48.56 working dues
2 overtime hours x \$ 47.93/ hr = \$ 95.86	<u>3.83 working dues</u>
	\$ 52.39 total working dues

The working dues of \$52.39 exceeds the maximum weekly deduction. Thus, the working dues deduction for this employee will be \$51.12.

Should you have any questions regarding the above, please do not hesitate to call our office at (808) 847-5761, Ext. 2.

(November 9, 2004)

STATE HEADQUARTERS & BUSINESS OFFICES

HQ: 1311 Doughty St. Honolulu, Hawaii 96817-2712 • Ph. (808) 847-5761 Fax (808) 847-0300

HILAI OFFICE: 525 Kūhuna Ave., Hilo, Hawaii 96720-3450 • Ph. (808) 935-8575 Fax (808) 935-8576

KONA OFFICE: 75-126 Lapaule Road, Kailua-Kona, Hawaii 96740-2106 • Ph. (808) 329-7355 Fax (808) 326-9376

MAI OFFICE: 330 Hoolahua St., Waikuku, Maui 96793-1449 • Ph. (808) 242-6891 Fax (808) 242-5961

KAI OFFICE: Kahala Medical Center Bldg., 3-2295 Kūhio Hwy., Suite 201, Lāhāe, Kauai 96766-1040 • Ph. (808) 215-8511 Fax (808) 245-8911

HAWAII CARPENTERS TRUST FUNDS

200 N. VINEYARD BOULEVARD, SUITE 100 / HONOLULU, HI 96817 / PHONE (808) 841-7575 / NEIGHBOR ISLANDS 1 (800) 634-8608 / FAX (808) 841-2900

HEALTH & WELFARE PLAN **Eligibility Rules for Active Employees**

To establish eligibility for benefits, you must work at least 100 hours in a Qualifying Month for Contributing Employers, as follows:

IF YOU HAVE 100 COVERED HOURS IN THIS MONTH

September
October
November
December
January
February
March
April
May
June
July
August

YOU WILL BE ELIGIBLE DURING THIS MONTH

December
January
February
March
April
May
June
July
August
September
October
November

BENEFITS PHASE IN QUALIFYING MONTHS AS FOLLOWS (eff. 12/2015):

A. First, Second and Third consecutive month benefits – Level 1

Medical
Prescription Drugs
Temporary Disability Insurance (TDI)
Vision
Life Insurance
Basic Dental

B. Fourth through the Ninth consecutive month benefits – Level 2

Medical
Prescription Drugs
Temporary Disability Insurance (TDI)
Vision
Life Insurance
Chiropractic/Shiatsu
Dental

HAWAII CARPENTERS JOINT TRUST FUNDS

INVOICE FOR DISCREPANCY

FOR FAILURE TO SUBMIT TIMELY CONTRIBUTIONS AND/OR PAYMENTS

DATE:

SECOND NOTICE: _____

DISCREPANCY NOTICE

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PLEASE NOTE ANY CHANGE IN EITHER COMPANY NAME AND/OR ADDRESS

IMPORTANT NOTICE

PLEASE MAKE CHECKS PAYABLE TO:
HAWAII CARPENTERS JOINT TRUST FUNDS
AND RETURN THIS NOTICE WITH YOUR CHECK
ATTACHED

WITHIN 10 DAYS TO:

HAWAII CARPENTERS JOINT TRUST FUNDS
200 N. VINEYARD BLVD., SUITE 100
HONOLULU, HAWAII 96817

TELEPHONE (808) 841-7575
NEIGHBOR ISLAND 1 (800) 634-8608
FAX (808) 841-2900

EMPLOYER NUMBER:

(NO LIEN RELEASES WILL BE ISSUED ON DELINQUENCIES DUE)

REPORT FOR MONTH OF	DISCREPANCY CAUSED BY	TOTAL HOURS REPORTED	TOTAL HOURS SHOULD BE

RETIREE WELFARE FUND	HEALTH AND WELFARE FUND	APPRENTICESHIP TRAINING FUND	VACATION & HOLIDAY FUND	FINANCIAL SECURITY FUND
MARKET RECOVERY PROGRAM	401-K	VACATION ADMIN.		

NOTICE OF LEGAL ACTION

Failure to make timely payments of the amounts owed to the Hawaii Carpenters Joint Trust Funds will result in your company being referred to a Collection Attorney. Once Legal actions by the Funds have been undertaken, you will be liable for not only the delinquent contributions and liquidated damages owed but also for court costs, collection expenses and reasonable attorney's fees.

TOTAL DUE: \$

HAWAII CARPENTERS JOINT TRUST FUNDS

INVOICE FOR LIQUIDATED DAMAGES

FOR FAILURE TO SUBMIT TIMELY CONTRIBUTIONS AND/OR PAYMENTS

DATE:

SECOND NOTICE: _____

LATE CHARGES

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IMPORTANT NOTICE

PLEASE MAKE CHECKS PAYABLE TO:
HAWAII CARPENTERS JOINT TRUST FUNDS
AND RETURN THIS NOTICE WITH YOUR CHECK
ATTACHED

WITHIN 10 DAYS TO:

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PLEASE NOTE ANY CHANGE IN EITHER COMPANY NAME AND/OR ADDRESS

HAWAII CARPENTERS JOINT TRUST FUNDS
200 N. VINEYARD BLVD., SUITE 100
HONOLULU, HAWAII 96817

TELEPHONE (808) 841-7575
NEIGHBOR ISLAND 1 (800) 634-8608
FAX (808) 841-2900

EMPLOYER NUMBER:

(NO LIEN RELEASES WILL BE ISSUED ON DELINQUENCIES DUE)

REPORT FOR MONTH OF	DISCREPANCY CAUSED BY	TOTAL HOURS REPORTED	TOTAL HOURS SHOULD BE

RETIREE WELFARE FUND	HEALTH AND WELFARE FUND	APPRENTICESHIP TRAINING FUND	VACATION & HOLIDAY FUND	FINANCIAL SECURITY FUND
MARKET RECOVERY PROGRAM	401-K	VACATION ADMIN.		

NOTICE OF LEGAL ACTION

Failure to make timely payments of the amounts owed to the Hawaii Carpenters Joint Trust Funds will result in your company being referred to a Collection Attorney. Once Legal actions by the Funds have been undertaken, you will be liable for not only the delinquent contributions and liquidated damages owed but also for court costs, collection expenses and reasonable attorney's fees.

TOTAL DUE: \$

HAWAII CARPENTERS JOINT TRUST FUNDS

INVOICE FOR INTEREST CHARGES

FOR FAILURE TO SUBMIT TIMELY CONTRIBUTIONS AND/OR PAYMENTS

DATE:

SECOND NOTICE: _____

INTEREST CHARGES

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IMPORTANT NOTICE

PLEASE MAKE CHECKS PAYABLE TO:
HAWAII CARPENTERS JOINT TRUST FUNDS
AND RETURN THIS NOTICE WITH YOUR CHECK
ATTACHED

WITHIN 10 DAYS TO:

HAWAII CARPENTERS JOINT TRUST FUNDS
200 N. VINEYARD BLVD., SUITE 100
HONOLULU, HAWAII 96817

TELEPHONE (808) 841-7575
NEIGHBOR ISLAND 1 (800) 634-8608
FAX (808) 841-2900

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PLEASE NOTE ANY CHANGE IN EITHER COMPANY NAME AND/OR ADDRESS

EMPLOYER NUMBER:

(NO LIEN RELEASES WILL BE ISSUED ON DELINQUENCIES DUE)

REPORT FOR MONTH OF	DISCREPANCY CAUSED BY	TOTAL HOURS REPORTED	TOTAL HOURS SHOULD BE

RETIREE WELFARE FUND	HEALTH AND WELFARE FUND	APPRENTICESHIP TRAINING FUND	VACATION & HOLIDAY FUND	FINANCIAL SECURITY FUND
MARKET RECOVERY PROGRAM	401-K	VACATION ADMIN.		

NOTICE OF LEGAL ACTION

Failure to make timely payments of the amounts owed to the Hawaii Carpenters Joint Trust Funds will result in your company being referred to a Collection Attorney. Once Legal actions by the Funds have been undertaken, you will be liable for not only the delinquent contributions and liquidated damages owed but also for court costs, collection expenses and reasonable attorney's fees.

TOTAL DUE: \$

HAWAII CARPENTERS JOINT TRUST FUND

200 N Vineyard Blvd, Suite 100, Honolulu, HI 96817 Phone: 808-841-7575 Fax: 808-841-2900

09/10/2010

License:

Re: NO REPORT RECEIVED FOR WORK MONTH 07/2010

IT HAS BEEN BROUGHT TO THE ATTENTION OF THIS OFFICE THAT YOUR FIRM HAS FAILED TO SUBMIT REPORTS AND/OR CONTRIBUTIONS FOR THE MONTH INDICATED ABOVE.

If your report and payments are not received within (5) days from the date of this Notice, the Collective Bargaining Agreement requires that the Trust Office notify the Hawaii Carpenters Union, Local 745. Further, be advised that within (48) hours thereafter, the Union shall have the right to withhold service at all of your jobsites.

The Board of Trustees emphasize your legal obligation as defined under the terms of your Collective Bargaining Agreement now in effect.

If you have not employed any Union members during this period you are STILL REQUIRED to submit a monthly report and indicate such action. Additional reports are available and will be provided by the Trust Office directly.

Should you have any questions, please call the Contribution Accounting Department at (808) 841-7575, ext 122. Neighbor Islands may call 1 (800) 634-8608, ext 122. Please govern yourself accordingly.

EMPLOYEE NOTIFIED

TRUST FUND OFFICE
CONTRIBUTION ACCOUNTING

_____ MATTER REFERRED TO COLLECTION REPRESENTATIVE
_____ MATTER REFERRED TO COLLECTION ATTORNEY FOR HANDLING

* HEALTH & WELFARE * FINANCIAL SECURITY * VACATION * TRAINING *
* DRYWALL TRAINING * MARKET RECOVERY * 401(K) *

HAWAII CARPENTERS JOINT TRUST FUND

200 N Vineyard Blvd, Suite 100, Honolulu, HI 96817 Phone: 808-841-7575 Fax: 808-841-2900

September 10, 2010

ID #

Re: Employer -

()

TO: All Former and Current Employees:

Please be advised that this letter is to notify you of the possible loss of your benefits should you continue working for the above referenced employer. The above employer has not submitted the required report and/or contributions for your hours worked in July 2010.

The Hawaii Carpenters Trust Funds is in the process of collecting the reports and/or contributions. However, there is no guarantee that your employer will submit reports and/or payment. If the contributions are not paid and there is a record of your hours worked from the employer reports, audits, and/or pay stubs, hours will be credited to the Health and Welfare, Financial Security and 401(k) Funds hour pending verification." The contribution credits for the Vacation and Holiday Fund will be applied to your account only when the contributions are paid by the employer.

Please call the Trust Fund Office should you have any questions on the above or to obtain the status of your benefits.

Sincerely,

Administrator

HAWAII CARPENTERS JOINT TRUST FUND

1199 Dillingham Blvd., Suite 200, Honolulu, HI 96817 Phone: 808-841-7575 Fax: 808-841-2900

02/18/2005

License:

Re: NO 401(K) EMPLOYEE CONTRIBUTION REPORT RECEIVED FOR WORK MONTH 12/2004

IT HAS BEEN BROUGHT TO THE ATTENTION OF THIS OFFICE THAT YOUR FIRM HAS FAILED TO SUBMIT 401(K) EMPLOYEE REPORTS AND/OR CONTRIBUTIONS FOR THE MONTH INDICATED ABOVE.

If your 401(k) employee contribution report and payments are not received within (5) days from the date of this Notice, the Collective Bargaining Agreement requires that the Trust Office notify the Hawaii Carpenters Union, Local 745. Further, please be advised that within (48) hours thereafter, the Union shall have the right to withhold service at all of your jobsites.

The Board of Trustees emphasize your legal obligation as defined under the terms of your Collective Bargaining Agreement now in effect.

If you have not employed any Union members during this period, or if no members have requested any employee contributions through payroll deduction, you are STILL REQUIRED to submit a monthly report and indicate such action. Additional reports are available and will be provided by the Trust Office directly.

Should you have any questions, please call the Contribution Accounting Department at (808) 841-7575, ext 22. Neighbor Islands may call 1 (800) 634-8608, ext 22. Please govern yourself accordingly.

TRUST FUND OFFICE
CONTRIBUTION ACCOUNTING

_____ MATTER REFERRED TO COLLECTION REPRESENTATIVE

_____ MATTER REFERRED TO COLLECTION ATTORNEY FOR HANDLING

* 401(K) *

HAWAII CARPENTERS TRUST FUNDS

200 N. VINEYARD BOULEVARD, SUITE 100 / HONOLULU, HI 96817 / PHONE (808) 841-7575 / NEIGHBOR ISLANDS 1 (800) 634-8608 / FAX (808) 841-2900

TO: Signatory Employers
FROM: Hawaii Carpenters Trust Fund Office
DATE: June 30, 2006
RE: **TRUST FUND CLEARANCES**

Following is the policy adopted by the Delinquency Committee Trustees regarding Trust Fund Clearances:

- One original clearance will be provided based on receipt and payment of the monthly report as submitted by the signatory to the Trust Funds.
- Multiple original clearances will be provided by the Trust Funds to the signatory based on receipt and payment of the monthly report as well as project information sufficient to ascertain amounts due per project.

Example of Account Clearance Project Information:

Work month: June 2006

Monthly total hours reported: 3,000

Project Breakdown:

<u>Project Name</u>	<u>General Contractor or Owner</u>	<u>Hours</u>
Project #1	GC #1	500
Project #2	GC #2	1,000
Project #3	GC #3	<u>1,500</u>

Total (*must balance to total hours on monthly report*) 3,000

An original clearance will then be issued for each project, listing the project name, general contractor or owner (if the signatory is the general contractor) and hours reported for that project.

Requests for clearances will be accepted via phone, fax or email. Please submit a new request each month that a clearance is required listing the appropriate information.

Should you have any questions, please contact the Contribution Accounting Department at (808) 841-7575, ext. 122. Neighbor islands may call toll free at (800) 634-8608, ext. 122.

Thank you for your attention to this matter.

HAWAII CARPENTERS TRUST FUNDS

200 N. VINEYARD BOULEVARD, SUITE 100 / HONOLULU, HI 96817 / PHONE (808) 841-7575 / NEIGHBOR ISLANDS 1 (800) 634-8608 / FAX (808) 841-2900

DATE: April 9, 2010

COMPANY NAME
ADDRESS
CITY, STATE ZIP

RE: CONDITIONAL LIEN RELEASE

To Whom It May Concern:

This is to verify that _____

(hereinafter "EMPLOYER") with Contractor's License No. _____

has submitted its "Employer's Monthly Report to Trustees" for the following period(s),

_____ and has submitted monthly payment (subject to negotiation) for all amounts due on said reports for the following trades and projects only:

Projects:

☐ CARPENTERS

☐ DRYWALL/LATHERS

☐ ALLIED CRAFTS

☐ _____

PLEASE READ CAREFULLY

This is a full and final release for the amounts due for the aforementioned reported hours of labor performed by the Employer's covered employees for said period. However, the Trust Funds expressly reserve all rights, claims, liens, and causes of action that they may have against the Employer and its construction projects (and/or any bond(s) thereof) for any sums due to the Trust Funds for this period which may be uncovered by audit. Further, the Conditional Lien Release will not be valid until payment of all amounts due on said monthly reports are received by the Trust Funds. In preparing and issuing this Conditional Lien Release, the Trust Funds have relied upon the full accuracy and disclosure of the monthly report(s) provided to the Trust Funds by the Employer.

I certify that this is the
true original conditional lien
release issued to the above
named company.

Very truly yours,

HAWAII BENEFIT ADMINISTRATORS, INC.

Sarah Kobayashi, Contribution Accountant

HAWAII CARPENTERS TRUST FUNDS

200 N. VINEYARD BOULEVARD, SUITE 100 / HONOLULU, HI 96817 / PHONE (808) 841-7575 / NEIGHBOR ISLANDS 1 (800) 634-8608 / FAX (808) 841-2900

HAWAII CARPENTERS JOINT TRUST FUNDS DELINQUENCY COMMITTEE'S

WAIVER OF LIQUIDATED DAMAGES

EFFECTIVE JUNE 6, 2011

The Committee in its discretion has the authority to grant a waiver of Delinquency Assessments or a portion thereof upon request by the Delinquent Employer, Legal Counsel or the Field Representative. The Committee will evaluate such requests or recommendations under the procedures and considerations set forth in Prohibited Transaction Class Exemption 76-1, 41 FR 12740 and other applicable laws.

The following are the basic requirements for a Waiver of Liquidated Damages to be considered.

1. Request must be received in writing by the Trust Funds Office.
2. Employer must be current on all contributions due.
3. Request(s) can be approved; the maximum period to be waived would be any four months, over a twelve month period, starting with the first month assessed.
4. The employer must be in compliance with all audit provisions.

HAWAII CARPENTERS TRUST FUNDS

200 N. VINEYARD BOULEVARD, SUITE 100 / HONOLULU, HI 96817 / PHONE (808) 841-7575 / NEIGHBOR ISLANDS 1 (800) 634-8608 / FAX (808) 841-2900

HAWAII CARPENTERS 401(K) EMPLOYEE CONTRIBUTIONS DELINQUENCY COMMITTEE'S

REVISED WAIVER OF 401(K) WEEKLY REPORTING LIQUIDATED DAMAGES

EFFECTIVE JUNE 6, 2011

The Committee in its discretion has the authority to grant a waiver of Delinquency Assessments or a portion thereof upon request by the Delinquent Employer, Legal Counsel or the Field Representative. The Committee will evaluate such requests or recommendations under the procedures and considerations set forth in Prohibited Transaction Class Exemption 76-1, 41 FR 12740 and other applicable laws.

The following are the basic requirements for a Waiver of 401(K) Employee Contribution Liquidated Damages to be considered.

1. Request must be received in writing by the Trust Funds Office.
2. Employer must be current on all contributions due.
3. Request(s) can be approved; the maximum period to be waived would be any four weeks, over a twelve month period, starting with the first week assessed.
4. The employer must be in compliance with all audit provisions.

Declaration of Trust Agreement as executed December 31, 1987, and as said Trust Document may be amended in the future, and make contributions as set forth in the attached Exhibit "A-1" which is made part of this agreement.

14.6 Hawaii Carpenters' Market Recovery Program. Each Contractor shall participate in the Hawaii Carpenters' Market Recovery Program (hereinafter referred to as the "Recovery Program"), under the terms and conditions as set forth in the Hawaii Carpenters' Market Recovery Program Declaration of Trust Agreement as executed December 31, 1987, and as said Trust Document may be amended in the future, and make contributions as set forth in the attached Exhibit "A-1" which is made part of this agreement.

14.7 Hawaii Carpenters 401(k) Fund. Each Contractor shall participate in the Hawaii Carpenters 401(k) Trust Fund (hereinafter referred to as the "401(k) Trust Fund"), under the terms and conditions as set forth in the Hawaii Carpenters 401(k) Fund Declaration of Trust Agreement as executed November 27, 2002, and as said Trust Document may be amended in the future, and make contributions as set forth in the attached Exhibit "A-1" which is made part of this agreement.

14.8 Trust Documents. Each of the Declaration of Trust Agreements as referred to above are, by reference, incorporated herein and each Contractor covered hereby or signatory hereto agrees that said Contractor shall be bound by all the terms and conditions of said documents and any future amendments. Each said Contractor further agrees to the appointment of the Trustees of said Funds as designated by the Contractor Associations and hereby designates said Contractor Trustees to serve as his/her representatives and to act as his/her agent in all matters concerning the Funds.

14.9 Contractor Payments

(a) Transmittal Of Contributions

- (1) Contractor contributions to the various Funds as specified and provided for above shall be paid or postmarked by the 15th day of the month immediately following the month for which the contributions are due, but a Contractor shall not be deemed delinquent if full payment of amounts due is made or postmarked and mailed by the 20th day of said month.
 - (2) A consolidated transmittal and report form as provided by the Administrative Office, showing, among other things, the monthly total of hours worked by each employee covered by this Agreement, shall be submitted each month and accompany such payment, if any.
 - (3) The consolidated transmittal form must be submitted or postmarked by the 20th day of the month immediately following the month being reported even if no employees were employed by the Contractor.
- (b) **Information and Audit.** Each Contractor shall provide the appropriate Trustees or their authorized representative(s) with information and records necessary to carry out the purposes of and in connection with the proper administration of the various Funds

and shall permit an audit of the Contractor's business records (to the extent necessary to insure that proper payments to the Funds were made, including, but not limited to payroll records) by authorized representative(s) of the Administrative Office or the Trustees to ascertain whether all contributions due have been paid. Every Contractor shall maintain records in the State of Hawaii with respect to each of the Contractor's employees covered by the collective bargaining agreement sufficient to determine the benefits due or which may become due to such employees.

- (c) **Project Breakdown.** A Contractor deemed delinquent by the Trust Funds shall be required to provide the Trustees with information, on a monthly basis, as to the specific project on which each employee has worked the reported hours. The Contractor will be required to provide such project breakdown for a period of six (6) months following the Trust Funds' determination of delinquent status. Said obligation will not terminate until the Contractor has been deemed not delinquent for a full six months.
- (d) **Authority Of Trustees To Reduce Contributions.** The Trustees of each of the Trust Funds are hereby given authority to and may at their discretion, temporarily reduce the rate or amount of contribution to any of said Trust Funds or order a temporary discontinuance of payments into any of said Trust Funds if in their judgment an unjustified surplus is being accumulated in any of said Funds.
- (e) **Delinquent Contributions and Collections**

- (1) When any Contractor's contributions to any of the Trust Funds provided for under this Agreement are not paid or postmarked and mailed by the 20th day of the month immediately following the month for which the contributions are due, such contributions are delinquent and the Contractor shall be deemed to be in violation of this Agreement and the aforementioned Trust Agreements. The Trustees on behalf of the Trust Funds are authorized to bring whatever legal action deemed necessary to recover delinquent Trust Fund contributions, liquidated damages and interest including but not limited to the institution of any action against a Contractor, surety or co-obligor to recover monies owed by the delinquent Contractor to the Trust Funds and to the assertion, perfection and foreclosure of any lien arising from the providing of labor by employees of the delinquent Contractor. A Contractor responsible for such delinquent contributions shall pay the following to each respective Fund:

- [a] The unpaid contributions.
- [b] Interest on the unpaid contributions at the rate of twelve (12) percent per annum or the rate prescribed under Section 6621 of the Internal Revenue Code of 1954, whichever is greater, provided, however, that should such delinquent Trust Fund contributions be paid in a timely fashion as provided for herein, no interest shall be charged. Interest shall be computed from the first (1st) day following the

HAWAII CARPENTERS TRUST FUNDS

200 N. VINEYARD BOULEVARD, SUITE 100 / HONOLULU, HI 96817 / PHONE (808) 841-7575 / NEIGHBOR ISLANDS 1 (800) 634-8608 / FAX (808) 841-2900

September 9, 2010

ABC CONSTRUCTION, INC.
ATTN: JOHN DOE
200 N. VINEYARD BLVD., SUITE 100
HONOLULU, HI 96817

RE: HAWAII CARPENTERS TRUST FUNDS AUDIT
ACCOUNT # 12345-IU

Dear Mr. Doe:

This letter is to confirm our telephone conversation, wherein we discussed the following payroll audit to be performed. The audit will cover the period from **July 2008 through June 2009**. As agreed by both parties, the assigned field auditor will conduct an examination of your payroll records. The audit will be performed at the place and time as indicated below:

PLACE: **200 N. VINEYARD BLVD., SUITE 100**
DATE: Tuesday, August 30, 2010
TIME: 11:00 A.M.

Please have the following records available for the audit review:

1. Payroll registers for the audit period
2. Time cards and/or time sheets
3. All State and Federal quarterly reports (941's, 940 & state unemployment)
4. Individual earning records for all employees (W-2's & W-3's)
5. All Forms 1099 & 1096 issued for the audit period
6. Listings & classifications for all employees on the payroll
7. All bank statements & canceled checks for all payroll and general ledger accounts maintained
8. All check registers for all payroll and general ledger accounts maintained
9. Union Dispatch records of all 40% apprentices for the audit period.
10. 401 (k) Fund: Contribution Worksheets completed by members.
11. General Excise/Use Tax return.

September 9, 2010
Page 2

In accordance with the Agreement, I may also request an opportunity to examine invoices, subcontracts or other documents as may be necessary to determine whether prompt payment of required contributions have been made.

Your cooperation in this matter will be greatly appreciated. Should you have any questions, please contact me at (808) 841-7575 ext. 126.

Sincerely,

Rolette Ganotisi
Field Auditor

cc: Audit/EC

Hawaii Carpenters Trust Funds
 200 N. Vineyard Blvd. Suite 100
 Honolulu, HI 96817

SCHEDULE OF UNDER-REPORTED HOURS

CONTRACTOR: **ABC CONSTRUCTION, INC.**

LICENSE #: **12345-IU**

NAME	SSN	Job-class.	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Total
DOE, JOHN	999-99-9999	CARPENTER			40.00						32.00				72.00
		CARPENTER													0.00
		TOTALS:	0.00	0.00	40.00	0.00	0.00	0.00	0.00	0.00	32.00	0.00	0.00	0.00	72.00

SOURCE: HOURS OBTAINED FROM EMPLOYEE HISTORY

CONTRACTOR: **ABC CONSTRUCTION, INC.**

LICENSE #: **12345-IU**

CONTRACT NUMBER	PERIOD	HOURS	HEALTH & WELFARE	TRAINING	VACATION	FINANCIAL SECURITY	MARKET RECOVERY	RETIREE MEDICAL	401(k)	VACATION ADMIN.	TOTAL
IU	Rates 9/07-8/08	40.00	5.72/hr. 228.80	0.71/hr. 28.40	5.25/hr. 210.00	4.4/hr. 176.00	0.78/hr. 31.20	0.88/hr. 35.20	1.50/hr. 60.00	0.05/hr. 2.00	771.60
IU	Rates 9/08-8/09	32.00	5.92/hr. 189.44	0.71/hr. 22.72	5.25/hr. 168.00	4.7/hr. 150.40	0.74/hr. 23.68	0.88/hr. 28.16	1.5/hr. 48.00	0.05/hr. 1.60	632.00
TOTAL HOURS: 72.00											
TOTAL AUDIT CONTRIBUTIONS:			418.24	51.12	378.00	326.40	54.88	63.36	108.00	3.60	1,403.60
TOTAL 12 % INTEREST PER ANNUM:			107.95	13.22	97.76	84.10	14.23	16.39	27.93	0.93	362.51
401(k) LOST EARNINGS INTEREST:			0.00	0.00	0.00	0.00	0.00	0.00	5.49	0.00	5.49
			526.19	64.34	475.76	410.50	69.11	79.75	141.42	4.53	1,771.60
AUDIT FEE: \$0.00			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTALS:			526.19	64.34	475.76	410.50	69.11	79.75	141.42	4.53	\$1,771.60

NOTE: SEE ENCLOSED LIQUIDATED DAMAGE CALCULATION WORKSHEET FOR LIQUIDATED DAMAGES ASSESSED.

9/10/2010

Hawaii Carpenters Trust Funds

200 N. Vineyard Blvd. Suite 100

Honolulu, HI 96817

LIQUIDATED DAMAGE CALCULATION WORKSHEET

CONTRACTOR: **ABC CONSTRUCTION, INC.**

LICENSE #: **12345-IU**

LIQUIDATED DAMAGES CALCULATION		HEALTH & WELFARE	TRAINING	VACATION	FINANCIAL SECURITY	MARKET RECOVERY	RETIREE MEDICAL	401(k)	VACATION ADMIN.	TOTAL
JANUARY	2008	-	-	-	-	-	-	-	-	0.00
FEBRUARY	2008	-	-	-	-	-	-	-	-	0.00
MARCH	2008	45.76	20.00	42.00	35.20	20.00	20.00	20.00	20.00	222.96
APRIL	2008	-	-	-	-	-	-	-	-	0.00
MAY	2008	-	-	-	-	-	-	-	-	0.00
JUNE	2008	-	-	-	-	-	-	-	-	0.00
JULY	2008	-	-	-	-	-	-	-	-	0.00
AUGUST	2008	-	-	-	-	-	-	-	-	0.00
SEPTEMBER	2008	37.89	20.00	33.60	30.08	20.00	20.00	20.00	20.00	201.57
OCTOBER	2008	-	-	-	-	-	-	-	-	0.00
NOVEMBER	2008	-	-	-	-	-	-	-	-	0.00
DECEMBER	2008	-	-	-	-	-	-	-	-	0.00
TOTAL LIQUIDATED DAMAGES:		83.65	40.00	75.60	65.28	40.00	40.00	40.00	40.00	424.53

* LIQUIDATED DAMAGES ARE CALCULATED AT THE GREATER OF \$20 OR 20% PER FUND PER MONTH FOR THE CONTRIBUTIONS DUE.

HAWAII CARPENTERS TRUST FUNDS

200 N. VINEYARD BOULEVARD, SUITE 100 / HONOLULU, HI 96817 / PHONE (808) 841-7575 / NEIGHBOR ISLANDS 1 (800) 634-8608 / FAX (808) 841-2900

ACCOUNT #

RE: REQUEST FOR DELETION FROM MAILING LIST

The Trust Fund Office is acknowledging your company's request to be deleted from the active mailing list. Removal from the mailing list will discontinue the transmittal of monthly reporting forms to your company from this office.

It is understood that your removal from the active mailing list at this time in no way relieves your company from abiding by the terms of the Collective Bargaining Agreement as required. If at any future date, are employed, it will be your company's responsibility to notify the Regional Council and the Trust Fund Office accordingly, in compliance with the Collective Bargaining Agreement.

cc: Hawaii Regional Council of Carpenters

Hawaii Benefit Administrators, Inc.
200 N. Vineyard Blvd, Bldg. A, Suite 100
Honolulu, HI 96817
Phone (808) 841-7575
Neighbor Islands (800) 634-8608
Fax (808) 841-2900

Trust Fund Office Personnel:

Chief Executive Officer
Paul W. Marx, ext. 114
paulmarx@hbai.net

Administration Manager
Betsy Ponciano, ext. 113
betsyponciano@hbai.net

Contribution Accounting Supervisor
Sarah Kobayashi, ext. 122
sarahkobayashi@hbai.net

Contribution Accounting
Noelle Tagaban, ext. 104
noelletagaban@hbai.net

Avery Nakamine, ext. 125
averynakamine@hbai.net

Auditors
Thomas Yamamoto, ext. 126
thomasyamamoto@hbai.net

, ext. 123
@hbai.net

Executive Director of Benefits
Linda Elmore, ext. 121
lindaelmore@hbai.net

Health & Welfare
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Elisha Hunter, ext. 120
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Health & Welfare
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Retirement
401(k) / Financial Security
Pua Hamasaki, ext. 124
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Vacation Holiday
Matthew Fong, ext. 103
matthewfong@hbai.net

Trust Accounting
Tom Rosa, ext. 115
tomrosa@hbai.net

Riley Hirozawa, ext. 116
rileyhirozawa@hbai.net

Administrative Assistant
Charlotte Lampitoc, ext. 127
charlottelampitoc@hbai.net

Devonnee Kira, ext. 117
devonneekira@hbai.net

Monthly Report Due Dates and Checks Made Payable to:

Hawaii Carpenters Joint Trust Funds Report to Trustees:

- Reports for the Employer Monthly Report to Trustees must be received or postmarked by the 25th of the month following the month worked to avoid liquidated damages and interest charges.
- Please make the check(s) payable to: Hawaii Carpenters Joint Trust Funds.
- Mail to: First Hawaiian Bank

Wealth Management Group

Contribution Processing

P.O. Box 3708

Honolulu, HI 96811-3708

401(k) Employee Contribution Report:

- Reports for the 401(k) Employee Contributions must be received by First Hawaiian Bank 7 business days after the pay check date to avoid liquidated damages and interest charges.
- Please make the check(s) payable to: Hawaii Carpenters 401(k) Fund.
- Mail to: First Hawaiian Bank

Wealth Management Group

Contribution Processing

P.O. Box 3708

Honolulu, HI 96811-3708

Union 4% Working Dues Report:

- Reports for the 4% Working Dues must be received or postmarked by the 10th of the month following the month worked to avoid late penalties.
- Please make the check(s) payable to: Hawaii Regional Council of Carpenters
- Mail to: Hawaii Regional Council of Carpenters (HRCC)

1311 Houghtailing Street

Honolulu, HI 96817