EMPLOYERS & LABORERS LOCALS 100 & 397 PENSION, WELFARE and ANNUITY FUNDS 4940 Washington Blvd. St. Louis, MO 63108 (314) 367-6555

To: All Contributing Employers

From: Plan Administrator

Date: July 28, 2016

Subject: Contribution Rate Increase Effective August 1, 2016

HOURS REPORTING EFFECTIVE AUGUST 1, 2016

The Trustees have decided that for hours worked on or after 8/1/2016, contributions due will be remitted through a convenient electronic data reporting platform through Ekon Benefits. A printed sample and a blank template of the standard format are enclosed for your reference.

Reported hours on or after 8/1/2016 should be uploaded through the Ekon Benefits secure email *system.* We will send you an email for you to establish a secure link to remit your contribution data, however, we do not currently have an email address on file for you. Please contact us so we can set up your secure access and send you a fillable template.

Contact information for Ekon Benefits:

Ekon Benefits	Email: laborers@ekonbenefits.com
4940 Washington Blvd.	Phone: 314-367-6555
St. Louis, MO 63108	Fax: 314-367-7982

Amounts due should continue to be sent to U.S. Bank at: U.S. Bank St. Louis IT&C Lockbox P.O. Box 956336 St. Louis, MO 63195-6336

The new hourly contribution rates for the Employers and Laborers Locals 100 & 397 Pension, Health & Welfare, Annuity and Training Funds are as follows:

	Health &	Pension	Annuity	Training	
	Welfare	Fund	Fund	Fund	Total
Straight Time Hours	\$ 8.00	\$ 9.25	\$3.00	\$.80	\$21.05
Time and ½ Hours	\$12.00	\$13.88	\$4.50	\$.80	\$31.18
Double Time Hours	\$16.00	\$18.50	\$6.00	\$.80	\$41.30

This reflects an increase of \$0.60 for Health & Welfare Straight Time, \$0.25 for Pension Straight Time and \$0.20 for Annuity Straight Time and the corresponding increase for premium hours.

Please note that payments received after the 20th of the month will be subject to a liquidated damages assessment of 10 percent (10%) of total contributions.

If you have any questions, please contact Ekon Benefits at (314) 367-6555 or e-mail <u>laborers@ekonbenefits.com</u>.

EMPLOYERS COMBINED REPORT OF CONTRIBUTIONS FOR LISTED FUNDS OF LABORERS LOCAL 100 & 397 Fund Office (314) 367-6555

CONTRIBUTIONS REMITTED AFTER THE 15TH OF THE MONTH ARE DELINQUENT. PAYMENTS RECEIVED AFTER THE 20TH OF THE MONTH WILL BE SUBJECT TO A LIQUIDATED DAMAGES ASSESSMENT OF 10 PERCENT (10%) OF TOTAL CONTRIBUTIONS.

Reporting Period:		August, 2016	Rates Effective 8/1/2016					
		Month, Year			ST	TH	DT	
			Welfare		\$ 8.00	\$ 12.00	\$ 16	.00
			Pension		\$ 9.25	\$ 13.88	\$ 18	.50
Employer:	Sample Company	у — — — — — — — — — — — — — — — — — — —	Annuity		\$ 3.00	\$ 4.50		.00
			Training		\$ 0.80	\$ 0.80	\$0	.80
Contact Name:	Sample Employe	r Name	Total		\$ 21.05	\$ 31.18	\$ 41	.30
Address:	123 Main Street		Monthly Contribution Report Summar					
	St. Louis, MO 63	108	Hours	ST 66.250	тн 1.234	DT 2.000		
	044 400 4507		x Rate	1				
Phone Number:	314-123-4567		Total	\$ 1,394.56	\$ 38.48	\$ 82.60 Subtotal:	\$ 1,515	CA.
Email:	sample@samplec	o com			Liquida	ted Damages:		.04
	<u>damprote</u> damprote		1			Adjustment:		
					Total Cont	tribution Due:	\$ 1,515	.64
			Submit form e	lectronically throu	ıgh:			
The undersigned emp	ployer, if not already a	a signator, hereby		https://www.ekont				
• ,	party to the currently		Return one ha	rd <u>oy with your</u>	remittance to:			
		s 100 & 397 covering the	Bank					
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the funds for which p	payment is made herev	with.		St. is, 1 631	95-6336			
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Na	me: Sample Employe	r Name		Emp ⁱ oyers & Labo	rers Locals 10	0 & 397 Funds	5	
р	ate: 8/31/2016			enefits at (314)	367 6555 with	questions		
Sample Company			To' Hours	Jenenits at (314)	66.250	1.234	2	000
	λ				Straight Time			
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Sample Participant 1			45-6789-د 1	100	5.000	2		-
Sample Participant 2			234-56-7890	397	40.250	1.234	2.0	000
Sample Participant 3			345-67-8901	100	20.000	Ξ.		-
Sample Participant 4			456-78-9012	397	1.000	2		-
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Reporting Period:			Rates Effective 8/1/2016					
	Mon	nth, Year			ST	TH		DT
			Welfare		\$ 8.00	\$ 12.		
Employer:			Pension Annuity		\$ 9.25 \$ 3.00		38 \$ 50 \$	
Employer.			Training		\$ 0.80		30 \$ 30 \$	
Contact Name:			Total		\$ 21.05			
Address:			Monthly Contribution Report Summary					
			Hours	ST	TH	DT		
			x Rate		\$ 31.18	\$ 41.3	30	
Phone Number:			Total		·			
- ··			Subtotal: Liquidated Damages:					
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			Submit form	electronically thro	ugh:			
	er, if not already a signator,			https://www.ekon				
	ty to the currently applicable		Return one ha	ard copy with your US Bank	remittance to	<u>:</u>		
	th Laborers Locals 100 & 39 the below employees and al			St. Louis IT&C Lo	ckbox			
	on of Trust, and amendment			P.O. BOX 956336				
the funds for which paym	ient is made herewith.	-		St. Louis, MO 631	95-6336			
			Make check p			0 0 007 F	,	
Name:				Employers & Labo	orers Locais 10	10 & 397 Ful	ias	
Date:			Call Eko	on Benefits at (314)	367-6555 with	questions		
			Total Hours	, `,				
					Straight Time			
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