

INSTRUCTIONS

MONTH WORKED: Remittance reports for each month must be submitted separately and must be from the 1st of the month to the end of the month – as the Health Benefit Plan is based on the number of hours earned in a **calendar** month. **Computerized reports are acceptable providing they are submitted in the same format as this form.**

LOCAL UNION NUMBER: All employees working under the Quality Control Council of Canada Agreement must be reported on this report. The employee's union number **must be** noted in this column, if the employee is a non-member, an "N" should be placed in this column. It is essential **correct** Local Union Numbers are reported.

PENSION PLAN: Contributions are based on hours EARNED for employees covered under the Collective Agreement: Straight time = 1 earned hour; Time and a half = 1½ earned hours; and Double time = 2 earned hours.

HEALTH BENEFIT PLAN: Submissions must be made for all employees on either the Full or Mini Plan. Retiree Plan must be paid for all employees in the applicable provinces with this benefit package.

Full – A Q.C.C.C. member who has 90 earned hours of pay in a calendar month must be included in the Full Plan. (Coverage is provided the following month, ie 90 April hours reported = coverage for May). For **new** employees, who do not have current coverage under the NDT Industry Health Benefit Plan through a prior employer, the Full Plan must be paid if they have earned 120 hours of pay in a calendar month.

Mini – All other employees must be remitted under the Mini Plan (members with less than 90 hours or non-members).

Indicate Full or Mini Plan by placing a check mark or "X" in the applicable column. Multiply the total number of employees in each column by the current rate for each Plan. The Administrator will supply the current rates. NOTE: **Employees** who are not required to be remitted for under the Full Plan may be covered on the Full Plan at the employer's discretion (ie while on vacation). Non-employees cannot be covered.

ALL employees must be included in either the Full or Mini Plan. You must also maintain coverage for members absent from work on a Wage Indemnity or WCB claim (to a maximum of 52 weeks).

TRAINING FUND: Contributions are based on hours WORKED for all members covered under the Collective Agreement.

NIL REPORT: For those months when there are no employees on payroll, a remittance report must still be filed. **Minimum contributions are required** - refer to Article 1.01, paragraph 3, of the Quality Control Council of Canada Agreement for the minimum contribution requirements.



- Those acting on behalf of the Employer should become thoroughly acquainted with the applicable clauses of the Collective Agreement, specifically:
 - Article III Union Security;
 - Article XVI Health Benefit Plan, and Pension;
 - Article XXV Administration Fund;
 - Article XV Industry and Training Fees; and
 - Article XXVII Enforcement.
- Remittance reports are supplied by the Administrator's office. A separate report is required for each month.
- An Employee Record Card must be completed by each new employee and submitted as soon as possible. NOTE: If an Employee Record Card is not received, no claims payment will be made under the Health Benefit Plan until a card is received. PLEASE ENSURE A CARD IS SUBMITTED.**
- Please type or print names of employees.
- Please use VALID SOCIAL INSURANCE NUMBERS.
- The copies of this report should be mailed in the following order:
 - The Administrator, Suite 101 - 4190 Lougheed Highway, Burnaby, B.C. V5C 6A8 (White and Green copies - along with the remittance cheque).
 - The Secretary-Treasurer of the local union of the United Association (Yellow copy).
 - The Secretary-Treasurer of the local lodge of the Boilermakers (Pink copy).
 - Extra copy if more than two union locals are covered in a payroll period (please photocopy).
 - Retain in Contractor's file (Gold copy).
- There will be only one cheque required for each monthly remittance. The cheque should be made payable to the QUALITY CONTROL COUNCIL OF CANADA TRUST FUNDS and be sent to the Administrator's office:

D.A. TOWNLEY
& ASSOCIATES LTD.

Suite 101 - 4190 Lougheed Highway
Burnaby, B.C.
V5C 6A8

Telephone No: (604) 299-7482
Toll Free: 1-800-663-1356
Facsimile: (604) 299-8136
www.ndtbenefits.org www.datownley.com

- NOTE: Incorrect remittances may be returned by the Administrator. If the re-submission of the corrected remittance is received after the normal due date, it WILL BE subject to assessment. PLEASE ensure your remittances are prepared as outlined above and in accordance with the current collective agreement.

NOTE: This report is to be used for employees working under the Quality Control Council of Canada Collective Agreement only. Office staff, etc., should not be included on this form – they are invoiced for separately. If you require any further information, please contact the Administrator.