

OPCMIA Local 18, Area 12 BUILDING (Cement Masons)

MONTHLY REMITTANCE REPORT ** MAY 2025 - APRIL 2026 **

Remittance for the month of _____ 20__ (Due by the 10th of the following month.)

Employer: _____

Phone# _____

Address: _____

email: _____

Employee	Social Security #	Hours	Classification	Home Local/ Area

Local 18 Area 12 CM BUILDING (MAY 2025 - APRIL 2026)

FUND	TOTAL HRS	RATE per hour	TOTAL	MAIL CHECK PAYABLE TO & MAIL COPY of this form TO EACH:
Annuity**		12.00		Plasterers & Cement Masons Local 18 c/o Quorum 4440 Ash Grove Dr, Suite A Springfield, IL 62711
Pension**		12.00		
Health & Welfare**		9.00		
Local 18 Apprenticeship & Training Fund		0.77		
Int'l Training Fund		0.09		
GPCSA/ Industry Advancement Fund		0.25		
TRICON		0.08		
West Central Building Trades		0.16		
Check#:		TOTAL:		OPCMIA Local #18 401 SW Water St, Suite 407 Peoria, IL 61602
WORKING DUES 1st Year Apprentice		3.14		
WORKING DUES 2nd Year Apprentice		3.32		
WORKING DUES 3rd Year Apprentice		3.50		
WORKING DUES Journeyman		3.59		
WORKING DUES Foreman		3.73		
WORKING DUES General Foreman		3.74		
Check#:		TOTAL:		** Working Dues are paid based on the hours worked/ classification of the Cement Mason

****Contractors with OPCMIA International Agreements are to pay Pension/Annuity/ Welfare to the Cement Mason's Home Local. Payment to Home Local will be verified. ALL other funds are paid on total hours worked in Local 18, regardless of Cement Mason's Home Local.**

The signature below certifies this report is correct and hereby becomes or continues as a signatory employer party to the currently applicable collective bargaining agreement with the OPCMIA Local #18 Area 12 covering employees performing the type of work performed by the signature's employees and, if payments are made thereto, to the Agreements and Declarations of Trusts establishing the above Health and Welfare, Pension, Training and Advancement Trusts together with any Amendments to the foregoing agreements. To the extent of payments, hours shall be deemed worked within the territory covered by the applicable collective bargaining agreement.

Please initial here if you have an OPCMIA International Agreement.

Check One When Applicable: INACTIVE _____

FINAL _____

SIGNATURE: _____

DATE: _____