

**ARTICLE 34  
WAGE SCALES, HEALTH AND WELFARE, PENSION,  
ANNUITY, APPRENTICESHIP, UPGRADE, INDUSTRY FUND  
AND TRICON**

**CERTIFIED AREA STANDARD WAGES AND BENEFITS**

	04/01/26 thru 03/31/27	04/01/27 thru 03/31/28	04/01/28 thru 03/31/29
<b>GROUP I</b>			
Hourly Rate	\$49.26	\$TBD	\$TBD
Pension	17.27	TBD	TBD
Annuity	11.70	TBD	TBD
Health & Welfare	13.77	TBD	TBD
Apprenticeship	1.80	TBD	TBD
Upgrade Program	1.80	TBD	TBD
Industry Fund	0.25	TBD	TBD
TRICON	<u>0.10</u>	<u>TBD</u>	<u>TBD</u>
Total Wage Package	<b>\$95.95</b>	<b>\$ _____</b>	<b>\$ _____</b>
CHECK-OFFs:			
Working Dues**	5%	5%	5%
PAC	\$ .10	\$ .10	\$ .10
Building Trades	\$ .20	\$ .20	\$ .20
<b>GROUP II</b>			
Hourly Rate	\$45.38	\$TBD	\$TBD
Pension	17.27	TBD	TBD
Annuity	11.70	TBD	TBD
Health & Welfare	13.77	TBD	TBD
Apprenticeship	1.80	TBD	TBD
Upgrade Program	1.80	TBD	TBD
Industry Fund	0.25	TBD	TBD
TRICON	<u>0.10</u>	<u>TBD</u>	<u>TBD</u>
Total Wage Package	<b>\$92.07</b>	<b>\$ _____</b>	<b>\$ _____</b>
CHECK-OFFs:			
Working Dues**	5%	5%	5%
PAC	\$ .10	\$ .10	\$ .10
Building Trades	\$ .20	\$ .20	\$ .20
<b>GROUP III</b>			
Hourly Rate	\$39.03	\$TBD	\$TBD
Pension	17.27	TBD	TBD
Annuity	11.70	TBD	TBD
Health & Welfare	13.77	TBD	TBD
Apprenticeship	1.80	TBD	TBD
Upgrade Program	1.80	TBD	TBD
Industry Fund	0.25	TBD	TBD
TRICON	<u>0.10</u>	<u>TBD</u>	<u>TBD</u>
Total Wage Package	<b>\$85.72</b>	<b>\$ _____</b>	<b>\$ _____</b>
CHECK-OFFs:			
Working Dues**	5%	5%	5%
PAC	\$ .10	\$ .10	\$ .10
Building Trades	\$ .20	\$ .20	\$ .20

\*\*WORKING DUES 5% OF GROSS WAGE

**Representing the  
INTERNATIONAL UNION OF OPERATING ENGINEERS  
LOCAL No. 649:**

Signed:  \_\_\_\_\_  
Business Manager

6408 W. Plank Rd.  
Peoria, IL 61604  
(309) 697-0070  
FAX: (309) 697-0025  
www.iuoe649.org

**Representing the  
GREATER PEORIA CONTRACTORS & SUPPLIERS ASSOCIATION, INC.**

Signed:  \_\_\_\_\_  
Executive Director

1811 W. Altorfer  
Peoria, IL 61615  
(309) 692-5710  
FAX: (309) 692-5790

**SIGNATORY CONTRACTOR:**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_  
Company Officer or Authorized Contractor Representative

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

FEIN: \_\_\_\_\_

Date: \_\_\_\_\_