

## CSWU LOCAL 1611

### Employer Monthly Remittance Forms - Completion Guide

As an employer signatory to a collective agreement with the Construction and Specialized Workers' Union Local 1611, you will be completing monthly "Remittance Forms" for Medical, Pension, Working Dues and other applicable Funds for each month's hourly contributions on behalf of your employees.

A sample of this "Remittance Form" is on the last page of this guide and can also be found in both PDF and Excel formats at: <http://cswu1611.org/medical-pension/> at the bottom of the web page.

**\*\*We ask that you remit your contributions on this form monthly as it lists only the information we require.**

**If sending your remittances via email in Excel format from your internal payroll files, please remove all information other than the following fields. We also ask that your reports in minimum "Font 12" for clarity.**

**The following is information to assist you in completion of each of the fields on the form**

#### FIELD NAME DESCRIPTIONS

**COMPANY CONTACT INFORMATION** Provides our office with each contributing employer's full company name and all current contact information.

**PERIOD COVERED** The month and dates of work reported on this remittance

**PREPARED BY** Provides our office with the contact person and their contact information.

**JOB LOCATION** Indicates the location of the jobsite where your listed employees are working.

**COLLECTIVE AGREEMENT NAME** is the agreement under which the listed employees are working. Please provide separate remittance forms if you are remitting for employees working under various agreements and/or rates.

**SOCIAL INSURANCE NUMBER #** Each of your employees and our Union member records are credited with hours by their Social Insurance Numbers only. For Canada Revenue Agency (CRA) personal income tax purposes, such as Union dues paid and taxable benefits premiums, we must record all contributions associated with their individual number. It is imperative that when remitting contributions to our Plan office, the correct Social Insurance Number is on the form for ALL employees.

**EMPLOYEES' SURNAME AND 1<sup>ST</sup> NAME** Ensures that all hourly contributions are applied to the correct member account, the full name must match the Social Insurance Number that we have on our records.

**STRAIGHT TIME, TIME & ½, DOUBLE TIME AND TOTAL HOURS** Under some collective agreements the hourly rates differ between these types of hours and therefore must be reported separately to ensure that members are credited with their total hours. These hours must be totalled and then carried to the fields at the bottom of the page, each broken down by type and applicable rate.

**ADJUSTMENTS** If your company has received a letter from our office advising you that you have either OVER or UNDER paid on your recent remittances or have an outstanding balance owing or credit to be taken, this is where you record that you are including extra monies to cover an underpayment or taking a credit for an overpayment on your account. These are either the result of an incorrect agreement rate, a rate increase OR there has been a miscalculation. Please provide an explanation when entering a number(s) in this field.

**TOTAL REMITTANCE** is the total sum of all monies payable on this current remittance. The amount of your payment must equal this amount.

**METHOD OF PAYMENT** Remittances can be paid via cheque or electronic funds transfer (EFT). Please advise us of the payment method chosen. Please indicate in the appropriate box which type of payment this remittance is being paid by.

- **REMITTING BY CHEQUE**, please mail, email or drop off your cheque along your completed Remittance Form to the address at the top of the form.
- **REMITTING BY ELECTRONIC FUND TRANSFER (EFT)** Should you already be on our Electronic Fund Transfer (EFT) system, your completed “Remittance Report” will need to be sent to CSW Medical & Benefits Plan either by mail, dropped off or **emailed to:** [inquiry@lmppbc.ca](mailto:inquiry@lmppbc.ca)

\*\*If you wish to sign up to remit funds via EFT to the CSW Medical & Benefits Plan we will need to provide you with the necessary banking information. Please email our office to advise that you wish to remit monthly funds via EFT and our office will provide you with the necessary banking information by reply email.

**REMITTANCE DUE DATE** Each individual collective agreement with Construction and Specialized Workers Union, Local 1611 requires employer contribution reports to be received by and paid by **the 15<sup>th</sup> day of each month.**

Please ensure that you have your remittances to the CSW Medical & Benefits Plan by this date.

**QUESTIONS??** For further information on “Remittance Forms”, please contact CSW Medical & Benefits Plan’s Employer Reports Department at the numbers provided below, or email your question to: [inquiry@lmppbc.ca](mailto:inquiry@lmppbc.ca)

