

# Western Metal Industry Pension Fund

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Administered by  
**Welfare & Pension Administration Service, Inc.**

**MONTHLY REPORTING FORM · REMITTANCE MUST BE POST MARKED BY 15<sup>TH</sup> OF MONTH FOLLOWING PERIOD COVERED**

**IMPORTANT: YOUR HOURLY CONTRIBUTION RATE IS DETERMINED BY THE TERMS OF YOUR LABOR AGREEMENT. IT IS YOUR RESPONSIBILITY TO PAY THE CORRECT AMOUNT IF DIFFERENT FROM RATE SHOWN.**

<b>CLASS</b>
CONTRIBUTION RATE:

REPORT THROUGH LAST PAYROLL MONTH	
EMPLOYER NUMBER	
UNION LOCAL NUMBER	

This remittance to the WESTERN METAL INDUSTRY PENSION FUND is being made pursuant to the applicable collective bargaining agreements providing for the establishment of the pension plan. It is to be held, deposited, and disbursed by the depository, subject to all terms and conditions of the Trust agreement and in accordance with the directions of the Trustees thereof.

HIRE DATE	EMPLOYEE'S SOCIAL SECURITY NUMBER	NAME OF EMPLOYEE	HOURS	CLASS	CONTRIBUTION PAYMENT
		LAST                      FIRST                      MIDDLE			

SIGNATURE OF PERSON PREPARING FORM <u>X</u>	COVERS THE PERIOD ENDING _____		TOTAL THIS ←PAGE ONLY→	
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IF REPORT IS MORE THAN ONE PAGE ALWAYS USE THE FIRST PAGE FOR SUMMARY PURPOSES	TOTAL HOURS _____	TOTAL CONTRIBUTION \$ _____
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**SEND REMITTANCE AND PAYMENT TO:  
PO Box 34203, Seattle, WA 98124**

PLUS OR MINUS ADJUSTMENTS (\$)	
TOTAL AMOUNT DUE (\$)	