



## THE FUNDS

**INTERNATIONAL UNION OF OPERATING ENGINEERS**LOCAL UNIONS 138, 138A & 138B Nassau & Suffolk Counties  247-C

P.O. BOX 206, FARMINGDALE, N.Y. 11735-0206

To: All Contractors & Employers  
From: William K. Duffy, Jr.  
Re: Benefits as of June 1, 2005.

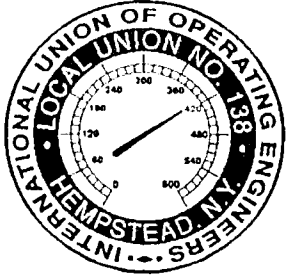
Enclosed are the wage and fringe rates effective 6/1/2005 and the new stamp order form (this form is to be used for all hours worked June 1, 2005 and thereafter!). As you can see, there have been some revisions to the system we currently have in place.

As of June 1st, we will be implementing a new stamp system. This new system works, in theory, identically as the current stamp program. However, the one major difference is that the Stamp Fund will require the names and social security numbers of the members you are purchasing benefits for at the time of sale. This will allow us to apply the benefit hours directly to the members account and will remove the need for members to redeem stamps at a later date. You will still receive a copy and receipt with each transaction (each transaction also has a 13-digit serial number unique to that, and only that, transaction.) There will be a member copy, to be included with their wages, and a copy for your records. In doing this, we must also cease to allow employers to buying benefits in bulk. All orders must include a Local 138 member's ss # and name in order for the order to be filled. If there is no member, information included with your order the checks will be deposited and applied as a credit balance to your account until such information is provided.

Enclosed is a completed sample of a transaction. Please look at the completed Stamp Form, the contribution report (this is for the employer), the receipts to be given out with the member's pay and the receipt that the member will receive from the Fund.

All of this information is available at our website, [www.local138.com](http://www.local138.com). Please do not hesitate to contact me at (631)777-1695 with any questions or concerns you may have.

**WILLIAM K. DUFFY, JR.**  
Fund Administrator



**INTERNATIONAL UNION OF OPERATING ENGINEERS**

Date 5/25/05

**LOCAL 138 STAMP FUND**  
**POST OFFICE BOX 206**  
**FARMINGDALE, NEW YORK 11735**  
 PHONE (631) 694-2478 FAX (631) 694-6932

Stamp Fund Use Only

Employer SAMPLE EMPLOYER  
 Address 12 MAIN STREET  
 City ANYTOWN State NY Zip 11000

Submitted By Joe Sample  
 Work Week 4/01/05 Thru 4/30/05

Employee Social	Employee Name	Regular	Overtime	Grease Time
<u>123-45-6789</u>	<u>EMPLOYEE JOHN</u>	<u>120.0</u>	<u>20.0</u>	<u>5.0</u>
<u>555-66-6789</u>	<u>EMPLOYEE, ANOTHER</u>	<u>100.0</u>	<u>40.0</u>	<u>2</u>
<u>987-65-4321</u>	<u>PERSON, Bill</u>	<u>60.0</u>	<u>10.0</u>	<u>2.0</u>
	<b>TOTAL</b>	<u>280.0</u>	<u>70.0</u>	<u>7.0</u>

I certify that the information contained in this report and any attachments is true and correct. Hours reported represent all hours paid to members of the above Local Union in the employ of the named Employer for the period specified.

IMPORTANT: THE EMPLOYER, BY EXECUTING THIS CONTRIBUTION FORM AGREES TO BE BOUND BY THE CURRENT COLLECTIVE BARGAINING AGREEMENT WITH I.U.O.E. LOCAL 138 INCLUDING BUT NOT LIMITED TO BCA AND/OR LICA AND THE APPLICABLE TRUST AGREEMENTS AND PLAN OF THE JOINT TRUST FUNDS HEREUNDER AS AMENDED FROM TIME TO TIME.

CHECK NO. 1234 TOTAL \$ 9928.80

Signature Joe Sample  
 Title Controller

Number of employees on all sheets 3  
 See reverse for fund allocation and reference tables →

# LOCAL 138 OPERATING ENGINEERS

## CONTRIBUTION FORM AS OF 06/01/04

THIS CONTRIBUTION WAS SUBMITTED IN ACCORDANCE WITH THE  
FOLLOWING AGREEMENT:

BUILDING - SCHEDULE B (6/1/04 - 5/31/05)

SAMPLE EMPLOYER (123456)

**Serial #20050526S514482**

Date Work From 04/01/05 To 04/30/05

Social Security Number	Employee	Hours Worked			Amount	Location
		Straight	Overtime	Grease		
123456789	EMPLOYEE, JOHN	120.00	20.00	5.00	\$4,041.70	Farmingdale
555666789	EMPLOYEE, ANOTHER	100.00	40.00	0.00	\$3,879.40	Unknown
987654321	PERSON, BILL	60.00	10.00	2.00	\$2,007.70	Unknown
<b>Totals</b>		<b>280.00</b>	<b>70.00</b>	<b>7.00</b>	<b>\$ 9,928.80</b>	

### Receipt Listing

123-45-6789 JOHN EMPLOYEE  
987-65-4321 BILL PERSON  
555-66-6789 ANOTHER EMPLOYEE

Receipt #: 482-3-15013E514  
Receipt #: 482-3-15014P625  
Receipt #: 482-3-15015E514

Local 138 International Union of Operating Engineers

482-1-15013E514

Thursday, May 26, 2005



SAMPLE EMPLOYER  
123 MAIN STREET  
FARMINGDALE NY 10055  
Phone : (631) 555-1212 Fax :

JOHN EMPLOYEE

SS# 123-45-6789

Pay Period	Loctn	Hours Reported			Total
		Straight	Over	Grease	
04/01/05 - 04/30/05	138	120.00	20.00	5.00	\$4041.70

*Please check your benefit hours against your pay stub*

Local 138 International Union of Operating Engineers

482-1-15015E514

Thursday, May 26, 2005



SAMPLE EMPLOYER  
123 MAIN STREET  
FARMINGDALE NY 10055  
Phone : (631) 555-1212 Fax :

ANOTHER EMPLOYEE

SS# 555-66-6789

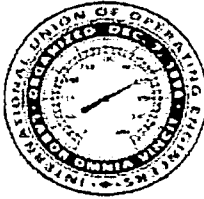
Pay Period	Loctn	Hours Reported			Total
		Straight	Over	Grease	
04/01/05 - 04/30/05	138	100.00	40.00	0.00	\$3879.40

*Please check your benefit hours against your pay stub*

Local 138 International Union of Operating Engineers

482-1-15014P625

Thursday, May 26, 2005



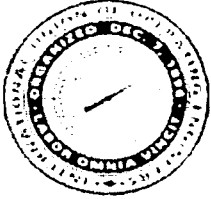
SAMPLE EMPLOYER  
123 MAIN STREET  
FARMINGDALE NY 10055  
Phone : (631) 555-1212 Fax :

BILL PERSON

SS# 987-65-4321

Pay Period	Loctn	Hours Reported			Total
		Straight	Over	Grease	
04/01/05 - 04/30/05	138	60.00	10.00	2.00	\$2007.70

*Please check your benefit hours against your pay stub*



SAMPLE EMPLOYER  
 123 MAIN STREET  
 FARMINGDALE NY 10055  
 Phone : (631) 555-1212 Fax :

JOHN EMPLOYEE

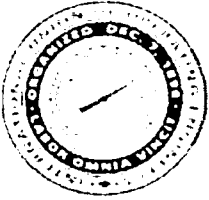
SS# 123-45-6789

Pay Period	Loctn	Hours Reported			Total
		Straight	Over	Grease	
04/01/05 - 04/30/05	138	120.00	20.00	5.00	\$4041.70

*Please check your benefit hours against your pay stub*

**Work History for Year 2005**

Pay Period End	Employer	Hours		
		Straight	Overtime	Grease
04/30/05	SAMPLE EMPLOYER	120.00	20.00	5.00
<b>Totals:</b>		<b>120.00</b>	<b>20.00</b>	<b>5.00</b>



SAMPLE EMPLOYER  
 123 MAIN STREET  
 FARMINGDALE NY 10055  
 Phone : (631) 555-1212 Fax :

**ANOTHER EMPLOYEE**

SS# 555-66-6789

Pay Period	Loctn	Hours Reported			Total
		Straight	Over	Grease	
04/01/05 - 04/30/05	138	100.00	40.00	0.00	\$3879.40

*Please check your benefit hours against your pay stub*

**Work History for Year 2005**

Pay Period End	Employer	Hours		
		Straight	Overtime	Grease
04/30/05	SAMPLE EMPLOYER	100.00	40.00	0.00
<b>Totals:</b>		<b>100.00</b>	<b>40.00</b>	<b>0.00</b>



SAMPLE EMPLOYER  
 123 MAIN STREET  
 FARMINGDALE NY 10055  
 Phone : (631) 555-1212 Fax :

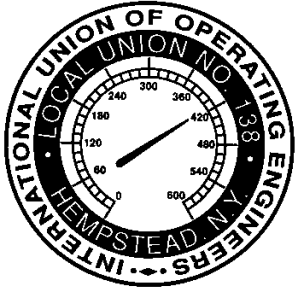
BILL PERSON  
 SS# 987-65-4321

Pay Period	Loctn	Hours Reported			Total
		Straight	Over	Grease	
04/01/05 - 04/30/05	138	60.00	10.00	2.00	\$2007.70

*Please check your benefit hours against your pay stub*

**Work History for Year 2005**

Pay Period End	Employer	Hours		
		Straight	Overtime	Grease
04/30/05	SAMPLE EMPLOYER	60.00	10.00	2.00
<b>Totals:</b>		<b>60.00</b>	<b>10.00</b>	<b>2.00</b>



# INTERNATIONAL UNION OF OPERATING ENGINEERS

Date      /      /     

**PERIOD**  
 06/01/2017  
 Thru  
 05/31/2018

**LOCAL 138 STAMP FUND**  
**POST OFFICE BOX 206**  
**FARMINGDALE, NEW YORK 11735**  
 PHONE (631) 694-2478 FAX (631) 694-6932

Stamp Fund Use Only  
**HEAVY AND HIGHWAY**

Employer \_\_\_\_\_ EIN No. \_\_\_\_\_ Job Location \_\_\_\_\_  
 Address \_\_\_\_\_ Submitted By \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Week      /      /      Thru      /      /       
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Employee Social	Employee Name	Regular	Overtime	Grease Time
<b>TOTAL</b>				

I certify that the information contained in this report and any attachments is true and correct. Hours reported represent all hours paid to members of the above Local Union in the employ of the named Employer for the period specified.

**IMPORTANT:** THE EMPLOYER, BY EXECUTING THIS CONTRIBUTION FORM AGREES TO BE BOUND BY THE CURRENT COLLECTIVE BARGAINING AGREEMENT WITH I.U.O.E. LOCAL 138 INCLUDING BUT NOT LIMITED TO BCA AND/OR LICA AND THE APPLICABLE TRUST AGREEMENTS AND PLAN OF THE JOINT TRUST FUNDS HEREUNDER AS AMENDED FROM TIME TO TIME.

**Signature** \_\_\_\_\_  
**Title** \_\_\_\_\_

**CHECK NO.** \_\_\_\_\_ **TOTAL \$** \_\_\_\_\_

**Number of employees on all sheets**   
 See reverse for fund allocation and reference tables



# HEAVY AND HIGHWAY

PERIOD 06/01/2017 THRU 05/31/2018

## Straight Time

<u>HOURS</u>	<u>COST</u>
40 HOUR	\$1,690.00
8 HOUR	\$ 338.00
1 HOUR	\$ 42.25

## Overtime

<u>HOURS</u>	<u>COST</u>
OT-1 HOUR	\$ 37.85
OT-1/2 HOUR	\$ 18.94

## Grease Time

<u>HOURS</u>	<u>COST</u>
GREASE TIME 1/2 HR	\$ 13.15
GREASE TIME 2.5 HR	\$ 65.75

### MAKE REMITTANCE PAYABLE TO OPERATING ENGINEERS LOCAL 138, CLEARANCE ACCOUNT-STAMP FUND

#### MONIES TO BE ALLOCATED

16.10 PER HOUR FOR WELFARE	.75 LABOR MANAGEMENT FUND	.10 POLITICAL ACTION COMMITTEE
1.35 PER HOUR FOR SUB	.75 LABOR MANAGEMENT FUND OT	.10 POLITICAL ACTION COMMITTEE OT
5.60 PER HOUR FOR PENSION	2.25 PER HOUR TO VACATION FUND	2.00 PER HOUR TO HRA FUND
5.60 PER HOUR FOR PENSION OT	4.50 PER HOUR TO VACATION FUND OT	4.00 PER HOUR TO HRA FUND OT
10.00 PER HOUR TO ANNUITY FUND	2.40 DUES CHECK OFF	.35 PER HOUR INDUSTRY ADVANCEMENT FUND
20.00 PER HOUR TO ANNUITY FUND OT	2.40 DUES CHECK OFF OT	.35 PER HOUR INDUSTRY ADVANCEMENT OT
1.10 PER HOUR TO APPR TR. FUND	.10 PER HOUR TO LEGAL FUND	.15 DEFENSE ORGANIZING
		.15 DEFENSE ORGANIZING OT

**Please Note: The Grease Time rate will be in effect from June 1, 2017 thru May 31, 2018 as follows:**

2.80 PER HALF HOUR PENSION OT	7.50 PER HALF HOUR ANNUITY OT	2.00 PER HALF HOUR VACATION OT
.74 PER HALF HOUR DUES OT	.04 PER HALF HOUR POLITICAL ACTION	.07 PER HALF HOUR DEFENSE ORG OT

#### **IN COMPLETING THIS FORM PLEASE NOTE**

- 1) THE HOURLY RATES, AS THEY APPEAR IN THE WAGE SCHEDULE, INCLUDE THE VACATION, DUES CHECK OFF, PAC, DOPS AND LEGAL MONIES
- 2) THE MONIES FOR THE VACATION, DUES CHECK OFF, PAC, DOPS AND LEGAL FUNDS ARE DEDUCTED FROM THE EMPLOYEES WAGES AFTER TAXES.
- 3) FOR ASSISTANCE IN THE COMPLETING OF THIS FORM, CONTACT THE STAMP FUND AT 631-694-2478 ext 3.

#### **PLEASE TAKE NOTE:**

CONTRACTORS ARE RESPONSIBLE FOR A \$25.00 CHARGE PER INCIDENT, WHEN CHECK PRESENTED TO THE LOCAL 138 CLEARANCE ACCOUNT STAMP ("FUND") HAS BEEN DISHONORED FOR ANY REASON. THIS CHARGE IS IN ADDITION TO ANY CHARGE ASSESSED BY A BANK. UNDER GENERAL OBLIGATIONS LAW 11-104, THE FUND ALSO RESERVES THE RIGHT TO SEEK CRIMINAL AND CIVIL PENALTIES AGAINST YOU. CIVIL PENALTIES (LIQUIDATED DAMAGES) MAY EQUAL TWICE THE FACE AMOUNT OF THE CHECK, UP TO \$750.00 IN ADDITION TO THE ORIGINAL AMOUNT.