

LETTER OF INSTRUCTION

TO: NEW PARTICIPATING EMPLOYER

REPORTING OF CONTRIBUTIONS

1. Complete upper right of form, including month and year worked and Federal ID #.
(Report only one month's work per each set of report forms.)
2. List Social Security Number, Name, and Total Hours for each Employee for that one month.
3. Total all hours for the report and carry forward to "Contribution Summary," record contribution rate for each required Fund, multiply for necessary contributions to each Fund, and Total.
4. Issue and mail check for Total Contributions to the Fund (with a copy) unless otherwise instructed by Business Agent or Collective Bargaining Agreement. Distribute all copies.
5. Be sure the Officer who signs the Reporting Form is authorized to sign Agreements. (This is to comply with Employee Retirement Income Security Act of 1974 and under Section 302 (5) (B) of the Labor Management Act.)

For each future monthly report you will receive a computerized form showing your name and listing your previous month's Employees. This report form will be supplied to you approximately one week after receipt of your previous report.

Your compliance with these instructions and early completion of the report after the end of the month will save additional correspondence and time and give the employees prompt credit for these fringe benefits.

Your Fund Administrator,
HealthSCOPE Benefits
P.O. Box 50440
Indianapolis, IN 46250
1-317-554-9000

