



PAYMENT PROCEDURES FOR BCRC*

➤ **CARPENTERS/ MILLWRIGHTS**

SEND **ONE** (1) CHECK FOR ALL FUNDS (HEALTH AND WELFARE, PENSION, ANNUITY, VACATION, BCRC, ETC...) TO:

INDIANA CARPENTERS
NATIONAL CITY TRUST
5300 CRAWFORDSVILLE RD., STE. 200
INDIANAPOLIS, IN 46224

➤ **LABORERS LOCAL #81, #41 & #645**

SEND **TWO** (2) SEPARATE CHECKS PAYABLE TO EACH FUND (BCRC, INC. and CONSTRUCTION WORKERS PENSION TRUST FUND) TO:

CONSTRUCTION WORKERS PENSION TRUST FUND
2111 WEST LINCOLN HWY.
MERRILLVILLE, IN 46410

➤ **PAINTERS LOCAL #469**

SEND **ONE** (1) SEPARATE CHECK PAYABLE TO: BCRC, INC.
AND MAIL TO:

LOCAL 469 SUBSTANCE ABUSE PROGRAM
3626 N. WELLS STREET
FORT WAYNE, IN 46808

➤ **PAINTERS LOCAL #460**

SEND **ONE** (1) SEPARATE CHECK PAYABLE TO: BCRC, INC.
AND MAIL TO:

PAINTERS LOCAL 460 FUND OFFICE
2111 WEST LINCOLN HWY.
MERRILLVILLE, IN 46410

➤ **PAINTERS #1118**

SEND **ONE** (1) SEPARATE CHECK PAYABLE TO: BCRC, INC.
AND MAIL TO:

1ST SOURCE BANK
TRUST DEPT-RETIREMENT PLAN SERVICES
P.O. BOX 1602
SOUTH BEND, IN 46634

➤ **IRONWORKERS #395**

SEND **ONE** (1) CHECK FOR ALL FUNDS (HEALTH AND WELFARE, PENSION, ANNUITY, VACATION, BCRC, ETC...) TO:

FRINGE FUND DISBURSEMENTS
P.O. BOX 2099
HAMMOND, IN 46323

➤ **PLASTERERS & CEMENT MASONS LOCAL #692, AREA 101, 165, 406 & 438**

CALL LISA QUARTER AT MORRIS AND ASSOCIATES 1(800)950-6789 ext. 8262 FOR PROPER PROCEDURES.

➤ **I.B.E.W. LOCAL #697 & #531**

SEND **ONE** (1) CHECK PAYABLE and MAIL TO:

LOCAL #697/#531 ADMIN. FUND
P.O. BOX 2006
MICHIGAN CITY, IN 46361-8006

➤ **SHEET METAL WORKERS LOCAL #20**

SEND **ONE** (1) CHECK PAYABLE and MAIL TO:

SMW#20 WELFARE AND BENEFIT FUND
P.O. BOX 55287
INDIANAPOLIS, IN 46205

➤ **PLUMBERS LOCAL #210**

SEND **ONE** (1) SEPARATE CHECK PAYABLE TO: BCRC, INC.
AND MAIL TO:

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
P. O. BOX 62031
BALTIMORE, MD 21264-2031

➤ **ROOFERS LOCAL #26 & #23**

CALL YOUR LOCAL UNION FOR PROPER PROCEDURES

For original reporting forms please contact each individual union.

Please call BCRC or local unions for any questions and concerns you may have regarding contributions.

*For all other covered trades for BCRC, checks and reports should be sent directly to BCRC, INC. using the "BCRC Fund Reporting Form" attached.



BCRC FUND REPORTING FORM*

CONTRACTOR: _____ PHONE: _____
 ADDRESS: _____
 SUBMITTED BY: _____ DATE: _____
 MONTH/YEAR REPORTING FOR: _____

	<u>TOTAL HOURS</u>	<u>RATE PER HOUR</u>	<u>AMOUNT DUE</u>
BRICKLAYERS #4 CHPTR 6	_____	.05	\$ _____
BRICKLAYERS #4 CHPTR 18	_____	.08	\$ _____
OPERATORS #150	_____	.08	\$ _____
OPERATORS #150 Hwy	_____	.08	\$ _____
PIPEFITTERS #597	_____	.07	\$ _____
TEAMSTERS #142	_____	.08	\$ _____
TECHNICAL ENG. #130	_____	.08	\$ _____
OTHER	_____	.05	\$ _____
OTHER	_____	.07	\$ _____
OTHER	_____	.08	\$ _____
GRAND TOTAL	_____		\$ _____

MAIL CHECK & FORM TO: BUILDING & CONSTRUCTION RESOURCE CENTER, INC. (BCRC, Inc.)
 6050 SOUTHPORT, SUITE B
 PORTAGE, IN 46368
 Phone: (219)764-9500 Fax: (219)764-9505

REPORTING REQUIREMENTS

- *USE SEPARATE FORM FOR EACH REPORTING MONTH
- *ATTACH A COPY OF YOUR MAN-HOUR REPORTS WITH NAMES AND SOC. SEC. NUMBERS ALONG WITH CHECK AND REPORTING FORM
- *CONTRIBUTIONS ARE MADE ONLY ON ACTUAL HOURS WORKED

*subject to change
 updated 02/17/2011