



INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNION No. 743

Organized May, 1918

20 MORGAN DRIVE
READING, PENNSYLVANIA 19608

Telephone 610-777-3100
info@local743ibew.org

IBEW

CONTRACT DURATION: SEPTEMBER 1, 2022 THROUGH AUGUST 31, 2024

ELECTRICIANS LOCAL UNION 743, IBEW

JURISDICTION: Parts of Berks, Chester, Montgomery, Lancaster and Schuylkill Counties

BUSINESS MANAGER: Mark Pinkasavage
20 Morgan Drive
Reading, PA 19608
Telephone: 610-777-3100
Fax: 610-777-6800

WAGE RATES AND FRINGE BENEFITS FOR MULTI-JURISDICTIONAL SMALL WORKS

<u>% Of Journeyman Rate effective 01/01/2023</u>	<u>Base Rate</u>	<u>H & W</u>	<u>Retirement Plan Trust</u>	<u>App/Ed</u>	<u>(Employer) LLMCC</u>	<u>3% NEBF</u>
40% - Construction Wireman Step 1 (1000 Hours)	\$16.21	* 0.00	.50	.40	.05	.49
45% - Construction Wireman Step 1	\$18.23	* 6.76	.50	.40	.05	.55
50% - Construction Wireman Step 2	\$20.26	* 6.76	.50	.40	.05	.61
55% - Construction Wireman Step 3	\$22.29	* 6.76	.50	.40	.05	.67
60% - Construction Wireman Step 4	\$24.31	* 6.76	.50	.40	.05	.73
70% - Construction Electrician Step 1	\$28.36	* 6.76	.75	.40	.05	.85
75% - Construction Electrician Step 2	\$30.39	* 6.76	1.00	.40	.05	.91
80% - Construction Electrician Step 3	\$32.42	* 6.76	1.50	.40	.05	.97

*Health & Welfare will be paid at the rate of \$6.76 per hour worked on any job effective January 1, 2023.
Industry Fund (NEIF), Admin Fund, and NLMCC apply to applicable contractors.

DEDUCTIONS: Working Dues - 3% of Gross Wages
LLMCC - \$.05 per hour worked (Employee)

PA INTIATIVE SMALL WORKS CONSTRUCTION ADDENDUM

DIVISION: READING

LOCAL UNION #743

BUSINESS MANAGER: MARK PINKASAVAGE

610-777-3100 TELEPHONE

EFFECTIVE DATE: January 1, 2023

610-777-6800 FAX

JOURNEYMAN WIREMAN BASE RATE: \$40.52

	% Of JW	Base Rate	Annuity	JATC	H&W	LLMCC	NEBF	NLMCC	NEIF	Admin	TOTAL
Construction Wiremen Step #1 (1,000 Hours)	40%	\$ 16.21	\$ 0.50	\$ 0.40	\$ 0.00	\$ 0.05	\$ 0.49	\$ 0.01	\$ 0.04	\$ 0.08	\$ 17.78
Construction Wiremen Step #1	45%	\$ 18.23	\$ 0.50	\$ 0.40	\$ 6.76	\$ 0.05	\$ 0.55	\$ 0.01	\$ 0.05	\$ 0.09	\$ 26.64
Construction Wiremen Step #2	50%	\$ 20.26	\$ 0.50	\$ 0.40	\$ 6.76	\$ 0.05	\$ 0.61	\$ 0.01	\$ 0.05	\$ 0.10	\$ 28.74
Construction Wiremen Step #3	55%	\$ 22.29	\$ 0.50	\$ 0.40	\$ 6.76	\$ 0.05	\$ 0.67	\$ 0.01	\$ 0.06	\$ 0.11	\$ 30.85
Construction Wiremen Step #4	60%	\$ 24.31	\$ 0.50	\$ 0.40	\$ 6.76	\$ 0.05	\$ 0.73	\$ 0.01	\$ 0.06	\$ 0.12	\$ 32.94
Construction Electrician Step #1	70%	\$ 28.36	\$ 0.75	\$ 0.40	\$ 6.76	\$ 0.05	\$ 0.85	\$ 0.01	\$ 0.07	\$ 0.14	\$ 37.39
Construction Electrician Step #2	75%	\$ 30.39	\$ 1.00	\$ 0.40	\$ 6.76	\$ 0.05	\$ 0.91	\$ 0.01	\$ 0.08	\$ 0.15	\$ 39.75
Construction Electrician Step #3	80%	\$ 32.42	\$ 1.50	\$ 0.40	\$ 6.76	\$ 0.05	\$ 0.97	\$ 0.01	\$ 0.08	\$ 0.16	\$ 42.35

IBEW LOCAL UNION 743 – SMALL WORKS

MONTHLY PAYROLL REPORT SUMMARY FOR ENTIRE JURISDICTION (effective 01/01/2023)
REPORT DUE ON OR BEFORE THE 15TH DAY OF MONTH

EMPLOYER _____ PHONE _____
MAILING ADDRESS _____ FAX _____
CITY, STATE ZIP _____ EMAIL _____

FOR THE MONTH OF _____

ONE copy of this form **AND ONE** copy of the Form MPR-46 to be sent to Fabian & Byrn, LLC, 425 Eagle Rock Avenue, Suite 105, Roseland, NJ 07068 with **one check for the total amount due made payable to IBEW Local 743 Health & Welfare Fund with the memo of "Clearing Account."**

Employee Deductions:

- WORKING DUES @ 3% OF GROSS WAGES

\$ _____ = \$ _____
(Gross Wages)

Employee Benefits:

- APP/ED _____ HOURS @ \$.40 PER HOUR = \$ _____
- LLMCC _____ HOURS @ \$.10 PER HOUR = \$ _____
(\$.05 Employer Contribution + \$.05 Employee Deduction)

**TOTAL DEDUCTIONS & BENEFITS ABOVE PAYABLE TO
IBEW LOCAL 743 HEALTH & WELFARE FUND**

= \$ _____

ONE copy of the Family Medical Care Plan form to be sent with check to
NECA/IBEW Family Medical Care Plan, DEPT. AT 40305, Atlanta, GA 31192-0305 for:

- WELFARE _____ HOURS @ \$ 6.76 PER HOUR = \$ _____
Payable to NECA/IBEW Family Medical Care Plan

ONE copy of completed payroll report prescribed by NEAP to be sent with check to
National Electrical Annuity Plan (NEAP), 2003 Renaissance Blvd, King of Prussia, PA 19406 for:

- RETIREMENT PLAN TRUST
Payable to National Electrical Annuity Plan (NEAP):

_____ HOURS @ \$.50 PER HOUR = \$ _____
_____ HOURS @ \$.75 PER HOUR = \$ _____
_____ HOURS @ \$ 1.00 PER HOUR = \$ _____
_____ HOURS @ \$ 1.50 PER HOUR = \$ _____

ONE COPY FOR YOUR FILE

REMARKS:

Name: _____
 Attention: _____
 Address: _____
 City/State: _____

MM/YYYY

IF NO EMPLOYEES COVERED BY THIS TRUST AGREEMENT WERE EMPLOYED THIS MONTH, CHECK HERE, SIGN, AND RETURN.

Total Number of Employees:	HW Rate	\$6.76
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CLASSIFICATIONS TO BE USED IN COLUMN NO. 3

1. Building Construction	2. Motor Repair	3. Sign	4. Communications	5. Maintenance	6. Inside Apprentices	7. Outside Construction	8. Outside Apprentices	26. Other (Including Non-Bargaining Unit)	27. ALUMNI
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[illegible]

to: NECA/IBEW Family Medical Care Plan
Send Check to: DEPT. AT 40305
Atlanta, GA 31192-0305

Health Benefit Due (Column 6)

Print Name: _____
Signature and Title: _____
Date: _____ Telephone: _____
Fax: _____
Email: _____

**I. B.E.W. LOCAL UNION – 743
MONTHLY PAYROLL REPORT SUMMARY**

Name of Employer _____

Address _____

For the month of _____

Gross Labor Payroll \$ _____

EMPLOYER CONTRIBUTIONS – SEPARATE CHECKS FOR EACH FUND

National Electrical Benefit Fund (Checks payable to NEBF) \$ _____
3% of Gross Labor Payroll

National Electrical Industry Fund (Checks payable to Penn-Del-Jersey Chapter, NECA)
(NECA MEMBERS ONLY) **.0025 of Productive Electrical Payroll** \$ _____

Administrative Fund (checks payable to Penn-Del-Jersey Chapter, NECA)
(ALL CONTRACTORS WORKING) **.0050 of Gross Labor Payroll** \$ _____

N.L.M.C.C. (checks payable to NLMCC)
Hrs. worked _____ x .01 \$ _____

Your checks in the above amounts, with original, 2nd and 3rd copies of the Monthly Payroll Summary Report to be forwarded to the Penn-Del-Jersey Employees Benefits Board, 2003 Renaissance Boulevard, King of Prussia, PA 19406. **PAYMENTS TO BE POSTMARKED NO LATER THAN THE 15TH OF THE EACH MONTH OR A PENALTY WILL BE IMPOSED.**

Together With

NATIONAL ELECTRICAL BENEFIT FUND

Page No. 1

MUST BE TYPEWRITTEN

NAME _____

LOCAL UNION NO. WHERE WORK IS PERFORMED

EMPLOYER'S FEDERAL
REGISTRATION NO.TOTAL NUMBER
EMPLOYED
THIS PERIOD →

Bldg. Constr.	
Journeyman's	
Wage Rate	
Per Hour \$	

This Transmittal Covers ALL Payroll Weeks Ending in Calendar MONTH
OF YR

This report and payment shall be mailed to reach the office of the appropriate Local Collection Agent not later than fifteen (15) calendar days following the end of each calendar month.
SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS

CLASSIFICATIONS TO BE USED IN COLUMN NO. 3

1 Building Construction

2 Motor Repair

3 Sign

4 Communications

5 Maintenance

6 Inside Apprentice

26 OTHER (including non-bargaining admin.)

27 ALUMNI

7 Outside Constr.

Outside
8 Apprentice

COLUMN 1			COLUMN 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8
SOCIAL SECURITY NUMBER			NAME OF EMPLOYEE LAST NAME AND INITIALS	CLASS	TOTAL CLOCK HOURS	GROSS EARNINGS	TOTAL HRS. PAID (EXC'L APPR.)	TOTAL HRS. PAID (APPR. ONLY)	TOTAL HRS. WORKED (EXC'L APPR.)
TOTAL NUMBER PAGES THIS REPORT.....			TOTAL THIS PAGE						
			GRAND TOTAL ALL PAGES						

MAKE SEPARATE CHECKS PAYABLE TO:
NATIONAL ELECTRICAL BENEFIT FUND FOR 3% OF GROSS EARNINGS

PENN-DEL-JERSEY CHAPTER, NECA FOR .0025 OF GROSS EARNINGS

PENN-DEL-JERSEY EMPLOYEES BEN. BD. NO. 48
2003 Renaissance Blvd.
King of Prussia, PA 19406.

Check here

First report in this Local Union area**Final report in this Local Union area**

When more forms are needed

CHECK TYPE OF BUSINESS ENTITY

SINGLE PROPRIETORSHIP CORPORATION

PARTNERSHIP

The employer reporting hereby certifies that it is bound by the Restated Employees Benefit Agreement and Trust for the National Electrical Benefit Fund and agrees to make the required contributions to the Fund as provided therein. The employer acknowledges having received a copy of the above Agreement. The employer certifies that the information contained in this report is a full and accurate statement of hours worked and wages earned of all employees subject to employer contributions (unit employees, non-unit employees, and non-union employees) as defined in the Agreement, and that the employer certifies that the contributions reported are for all unit employees, it making such contributions in accordance with Article 6 of the Agreement and it is either covering all such non-bargaining unit employees or alumni employees only, except those who may be excluded pursuant to Section 6.3 of the Agreement. The employer further certifies that if it is reporting on behalf of a related organization as defined in Article 6 of the Agreement, the contributions reported are for all unit employees, non-unit employees, and non-union employees of the related organization or alumni employees only are covered, except those who may be excluded pursuant to Section 6.3 of the NEBF Agreement.

FIRM NAME _____

SIGNATURE AND TITLE _____

DATE _____

Use Payroll Summary Sheet for Other Remittances