

JAY ELDERS  
President  
Business Representative

DEE STAHLHUT  
Business Manager

JUSTIN SCHULTZ  
Recording Secretary

NOAH RIDGWAY  
Vice President  
Apprenticeship Coordinator

GAY NEIGHBORS  
Treasurer

# INTERNATIONAL UNION OF OPERATING ENGINEERS

LOCALS NO. 318, 318A, 318B, 318C, 318RA

AFFILIATED WITH THE  
AMERICAN FEDERATION  
OF LABOR



3310 WATER TOWER ROAD  
TELEPHONE 618-993-0318  
MARION, ILLINOIS 62959  
FAX 618-997-9691

JEFF STAFFORD  
Trustee

JAMES DILLOW  
Business Representative  
Financial Secretary

BRAD BURRIS  
Trustee

JASON SISSOM  
Trustee

March 25, 2019

RE: IUOE Rates effective April 1, 2019

Dear Contractor:

Please find enclosed new rates that are effective April 1, 2019 for the International Union of Operating Engineers Local 318. Please note the increase in the following funds: Health & Welfare, the ECA-IAF, and the AGCIL-IAF. All of the appropriate forms are enclosed to pay each of the respective funds with the new rates listed on each form. Please note on the form to pay the Supplemental Dues, B&T, OAF and Vacation, the members need to be listed in alphabetical order and the Federal Employer Identification Number needs to be listed. Please copy the forms as needed for future use and remember to turn in months that have zero (0) hours as well.

In addition, we are asking all contractors to update their company information by completing the enclosed update request and returning to Local 318. Beginning with the year 2020, all contractors will receive updated Collective Bargaining Agreements and the contractors' packet of information that includes rates, fund payment forms, bond information, reciprocity paperwork, etc. by email as opposed to regular mail. I am asking that you provide, as requested on the form, the email address where this information needs be sent. I believe this will allow Local 318 to get updated information to all of our contractors in a much more timely fashion.

If you have any questions, you may contact the hall at 618-993-0318. Thank you for your cooperation.

Very truly yours,

Dee Stahlhut  
Business Manager  
IUOE Local 318

**CONTRACTOR UPDATE INFORMATION FORM**

**PLEASE PRINT LEGIBLY**

**COMPANY**  
**NAME**\_\_\_\_\_

**MAILING ADDRESS**\_\_\_\_\_

**CITY**\_\_\_\_\_ **STATE**\_\_\_\_\_ **ZIP CODE**\_\_\_\_\_

**PRIMARY PHONE**\_\_\_\_\_ **SECONDARY PHONE**\_\_\_\_\_

**FAX NUMBER**\_\_\_\_\_ **FEIN NUMBER**\_\_\_\_\_

**COMPANY EMAIL**\_\_\_\_\_

**PLEASE PROVIDE THE EMAIL ADDRESS WHERE UPDATED COLLECTIVE BARGAINING AGREEMENTS,  
NEW RATES AND UPDATED FRINGE BENEFIT FUND PAYMENT FORMS ARE TO BE EMAILED TO:**

\_\_\_\_\_

**PAYROLL CONTACT NAME**\_\_\_\_\_

**PAYROLL EMAIL**\_\_\_\_\_

**PAYROLL PHONE NUMBER**\_\_\_\_\_

**PLEASE RETURN THIS FORM AT YOUR EARLIEST CONVENIENCE BY ONE OF THE OPTIONS LISTED  
BELOW. THANK YOU IN ADVANCE FOR YOUR ASSISTANCE!!**

**IUOE LOCAL 318**  
**3310 WATER TOWER ROAD**  
**MARION, IL 62959**  
**OR**  
[office@iuoelocal318.com](mailto:office@iuoelocal318.com)  
**OR**  
**FAX 618-997-9691**

## WAGE ADDENDUM

Effective Date: April 1, 2019

### RIVER

Class 1	\$35.25
Class 2	\$31.80

### HIGHWAY, HEAVY, BUILDING

#### Class A

Wages	\$35.15
Pension	\$11.00
Health & Welfare	\$10.35
Appren. & Training	\$ 4.15
Industry Advc. Fund	\$ .16
AGCIL-IAF	\$ .16
DIAAF	\$ .10
EBOLT	<u>\$ .10</u>
	\$61.17

#### Class B

Wages	\$33.25
Pension	\$11.00
Health & Welfare	\$10.35
Appren. & Training	\$ 4.15
Industry Advc. Fund	\$ .16
AGCIL-IAF	\$ .16
DIAAF	\$ .10
EBOLT	<u>\$ .10</u>
	\$59.27

#### Class C

Wages	\$25.85
Pension	\$11.00
Health & Welfare	\$10.35
Appren. & Training	\$ 4.15
Industry Advc. Fund	\$ .16
AGCIL-IAF	\$ .16
DIAAF	\$ .10
EBOLT	<u>\$ .10</u>
	\$51.87

### EMPLOYEE DEDUCTIONS ALL CLASSES:

Dues:	3.5% of Total Gross Package of Class A Journeyman Scale or \$2.14 per hour
Vac.:	\$1.00 per hour
B&T:	.10 cents per hour
OAF:	.10 cents per hour

LOCAL 318 **REMEMBER**  
SUPPLEMENTAL DUES, B&T, OAF, AND VACATION CHECK OFF FORM  
APRIL 1, 2019 thru MARCH 31, 2020

EMPLOYER: \_\_\_\_\_ FEIN # \_\_\_\_\_ PERSON COMPLETING \_\_\_\_\_  
 PHONE/FAX \_\_\_\_\_ EMAIL \_\_\_\_\_  
 DATE: \_\_\_\_\_ REPORT FOR MONTH OF: \_\_\_\_\_ FINAL REPORT CHECK HERE: \_\_\_\_\_

***Please Note: LIST ALPHABETICALLY by LAST NAME.***

THE 3 1/2% IS FIGURED ON 3.5% OF THE TOTAL PACKAGE NOT GROSS WAGES! WRITE ONE CHECK FOR THE 3 1/2%, B & T FUND, AND VACATION TO LOCAL 318 AND A **SEPARATE CHECK FOR THE OAF FUND!** BOTH ARE MAILED TO LOCAL 318-3310 WATER TOWER ROAD-MARION IL 62959. IF YOU HAVE ANY QUESTIONS PLEASE CALL 618-993-0318.

## EMPLOYER REPORT OF CONTRIBUTIONS

## CHECK ONE:

LOCAL 841 ☐LOCAL 103 ☐LOCAL 318 ☒LOCAL 649 ☐FUND  
NUMBER**253**Temporarily Inactive ☐

Permanently Inactive Due to:

No longer in business ☐Out of area ☐Other ☐

Fed Id # \_\_\_\_\_

I certify that the information contained in this report and the attached schedule is true and correct; that the hours reported represent all wages paid to the Employees in the employ of the named Employer for the period specified.

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

Prepared by \_\_\_\_\_ Date \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Employer  
NameMake Check(s)  
Payable To:**Mid Central Operating Engineers  
Fringe Benefit Funds**

Mail to:

**Mid Central Operating Engineers Health &  
Welfare Fund  
P.O. Box 9605  
Terre Haute, IN 47808-9605**

Report for month ending \_\_\_\_\_ Last month reported \_\_\_\_\_

EMPLOYEE NAME	SOCIAL SECURITY NUMBER	WELFARE HOURS	PENSION HOURS	CPF ACCOUNT NUMBER
				<b>See back of form for instructions and what county is covered by each Local.</b>
				Agreement under which work was performed: (i.e. Building, Heavy Highway, Other) _____
				Worked Performed in County of: _____

FUNDS	TOTAL HOURS	RATES	AMOUNTS DUE	FUNDS	TOTAL HOURS	RATES	AMOUNTS DUE
				Pension		11.00	
				Health & Welfare		10.35	
				AGCIL-IAF		.16	
				DIAAF		.10	

DUE BY 15th OF MONTH FOLLOWING  
HOURS WORKED

TOTAL REMITTANCE (ONE CHECK) →

# INTERNATIONAL UNION OF OPERATING ENGINEERS

AFFILIATED WITH THE  
AMERICAN FEDERATION  
OF LABOR



8963 CRENSHAW ROAD  
MARION, ILLINOIS 62959  
TELEPHONE 618-942-3931  
FAX 618-942-3940

## JOINT APPRENTICESHIP & TRAINING PROGRAM

### UNION TRUSTEES

DEE STAHLHUT  
JAY ELDERS  
JAMES DILLOW

NOAH RIDGWAY, TRAINING COORDINATOR

**Local 318**



### EMPLOYER TRUSTEES

JIM McPHAIL  
BRIAN REHBEIN  
JUSTIN RAINES

March 26, 2019

Attn: Payroll

Here are the Apprentice Wage Rates beginning April 1, 2019 through and including March 31, 2020.

Journeyman Scale as of April 1, 2019 \$35.15

	Percentage	
First Year Apprentice	70%	\$24.61
Second Year Apprentice	80%	\$28.12
Third Year Apprentice	90%	\$31.64
Fourth Year Apprentice	95%	\$33.39

If you have any questions, please call the training office at 618-942-3931.

Respectfully,

Noah Ridgway  
Training Coordinator  
IUOE Local 318 JATP

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**Local 318**

EMPLOYER TRUSTEES  
JIM McPHAIL  
BRIAN REHBEIN  
JUSTIN RAINES



March 26, 2019

Contractors;

Enclosed are Joint Report Forms that are to be used for hours worked during the next twelve (12) months; beginning with hours worked April 1, 2019 through and including March 31, 2020. Please do not use these new forms or pay the new rate until you are paying on hours worked beginning April 1, 2019 payable, no later than May 15, 2019. Please make one (1) check for the total amount due. It is not necessary to divide the amounts into separate checks. Also, mark the forms when additional Joint Report Forms are needed and they will be sent to you before the next month's payment is due.

Please notice the new rate change. These rates are to be paid on all hours worked in Local 318 jurisdiction. As the contractor, you are obligated to pay Local 318 Joint Apprenticeship Training & Upgrading program on all operators working for your company, regardless of their home local. The amount due is based on the total number of hours worked each and every month. It is very helpful if you will return a form every month even if there is zero (0) hours worked in that particular month.

The training program is a benefit for everyone involved. Well-trained operators make for a safe and efficient job site, therefore being more profitable for everyone.

And again, please do not pay the new rate until you are paying in May 2019 on hours worked, beginning April 1, 2019. Remember, the form and check are to be mailed each month directly to the training site: IUOE Local 318 JATP 8963 Crenshaw Road Marion IL 62959. If you have any questions or concerns pertaining to these new forms or the new rate, please call the Joint Apprenticeship Training & Upgrading office at 618-942-3931.

Thank you for your cooperation and continued support.

Respectfully,

Noah Ridgway  
Training Coordinator  
IUOE Local 318 JATP

April 1,  
2019

## Joint Report Forms

March 31,  
2020

(Due by the 15th of the month following the hours worked.)

I.U.O.E. Local # 318 Apprenticeship & Training Fund  
And Egyptian Contractors Association, Inc. Industry Advancement Foundation

Employer

Report for Month/Year

Address

Total Hours

City

State

Zip

Apprenticeship & ECA/IAF = multiply \$4.31 by hours

Employer's Signature

EBOLT = multiply .10 by hours

Prepared By (Please Print)

**TOTAL AMOUNT DUE**

Additional Forms Needed    YES    NO

Please list below all employees for this report month.  
(Use additional forms if necessary.)

Name:

Hours:

Social Security Number:


MAKE CHECK PAYABLE TO:  
MAIL CHECK TO:

IUOE LOCAL #318 JATP  
8963 CRENSHAW ROAD  
MARION, IL 62959



RETURN COPIES: WHITE - YELLOW - PINK

EMPLOYER'S COPY: GOLD





Central Pension Fund of the International Union  
Of Operating Engineers and Participating Employers  
4115 Chesapeake Street, N.W. Washington DC 20016  
Tel: (202) 362-1000 Fax: (202) 364-2913

## MONEY FOLLOWS MAN RECIPROCITY

TO: Board of Trustees  
Central Pension Fund of the International Union of  
Operating Engineers and Participating Employers  
4115 Chesapeake St., NW  
Washington, DC 20016

Re: Request for Transfer of Contributions to Home Local Pension Fund

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Social Security Number

The above-referenced participant hereby requests and authorizes the Board of Trustees to transfer to my Home Local Pension Fund all eligible contributions made on my behalf to the Central Pension Fund, as of the date this request is received by the Board, and in the future, unless this authorization is revoked in writing. In support of this request, I hereby state as follows:

1. I am a member of IUOE Local No. \_\_\_\_\_, AFL-CIO and my Union Register No. is \_\_\_\_\_.
2. My Home Local Pension Fund is \_\_\_\_\_.
3. I understand that the benefits to which I may be entitled under my Home Local Pension Fund, if my request to transfer is approved, may be less than what I would be entitled to receive if the contributions made on my behalf to the Central Pension Fund remain at the Central Pension Fund.
4. I understand that I have a right to request an estimate of the value of the accrued benefit I have earned with the Central Pension Fund as of this date, before the Board acts upon my request to transfer.

### PLEASE CHECK APPROPRIATE BOX

- ☐ I do not want an estimate before the Board acts upon my request.
- ☐ I hereby request an estimate before the Board acts upon my request.
5. I understand that if the Board grants my request, in whole or in part, I cannot later request that any contributions which may be transferred to my Home Local Pension Fund be transferred back to the Central Pension Fund.
  6. I acknowledge that I have received and reviewed a copy of the Central Pension Fund's Policies and Procedures for Administering Money Follows the Man Reciprocity. I further acknowledge that I have had at least 30 days to review same and ask any questions I may have before the Board acts upon the transfer request.

7. I acknowledge and agree that if the Board grants my request and transfers contributions to my Home Local Pension Fund, such decision by the Board is final and binding. I waive on my behalf, and my heirs, successors and assigns, any right to receive any accrued benefit from the Central Pension Fund, based upon the contributions and hours of service transferred to my Home Local Pension Fund pursuant to this request.
8. I understand that my Home Local Pension Fund may have imposed time limits upon transferring or accepting contributions under Money Follows the Man Reciprocity and the Central Pension Fund shall not be liable in the event my Home Local Pension Fund rejects my transfer request on the basis of its time limits.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State Zip

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

## HEALTH & WELFARE RECIPROCITY AGREEMENT

### Request and Authorization for Transfer of Contributions

\_\_\_\_\_  
Participant Name (Please print)

\_\_\_\_\_  
Social Security Number

I request and authorize that the Board of Trustees of the Local \_\_\_\_\_ Health and Welfare Fund to transfer to my Home Health and Welfare Fund all contributions made on my behalf to its Fund hereafter and within six months prior to the date this authorization request is received by the Fund, unless and until this authorization is revoked in writing. In support of this request, I state as follows:

1. I am a member of IUOE Local No.\_\_\_\_ and my Union Registration No. is\_\_\_\_\_.
2. My Home Health and Welfare Fund is \_\_\_\_\_.
3. I understand that, upon approval of my request to transfer, I cannot later request that any contributions which may be transferred to my Home Fund be transferred back to the transferring Fund.
4. I understand that, upon approval of my request to transfer contributions, my and my dependants' eligibility for benefits and all other participant rights shall be determined exclusively by the terms of my Home Fund's plan and rules, and not by the terms of the transferring Fund's plan and rules.
5. By making this request, I waive and release, on behalf of myself and my dependants, any and all claims against both Funds and their fiduciaries relating to whether the transfer of contributions is in my or their best interests.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone

JAY ELDERS  
President  
Business Representative

DEE STAHLHUT  
Business Manager

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Trustee

## **BOND REQUIREMENTS**

**All contractors doing business in the jurisdiction of Local 318 shall obtain and maintain during the term of this agreement and being renewed yearly an approved surety bond in the amount up to two hundred (\$200,000 ) thousand dollars to guarantee their employees working under this agreement the payments listed below:**

- 1. PAYMENT AND WAGES**
- 2. PENSION PLAN FUND**
- 3. HEALTH & WELFARE PLAN FUND**
- 4. JOINT APPRENTICESHIP AND ADVANCED TRAINING FUND**
- 5. SUPPLEMENTAL DUES CHECK-OFF PAYMENTS**
- 6. BUILDING AND TRANSPORTATION FUND**
- 7. VACATION FUND**
- 8. OPERATOR ACTION FUND**
- 9. EGYPTIAN BUILDERS AND ORGANIZED LABOR TOGETHER (EBOLT) FUND**
- 10. TRUST FUND**
- 11. INDUSTRY ADVANCEMENT FUND (IAF)**
- 12. DIAAF - IAF FUND**
- 13. AGC – IAF FUND**

**Contractors may also obtain an irrevocable letter of credit from their bank that includes the same items as listed above in lieu of a surety bond.**

**IUOE Local 318**

**WAGE AND FRINGE BENEFIT BOND**

Bond No. \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS; that we \_\_\_\_\_

\_\_\_\_\_ herein called the Principal,  
and \_\_\_\_\_. A corporation authorized to transact business in the  
State of \_\_\_\_\_ herein called the Surety, are hereby held and firmly  
bound unto International Union of Operating Engineers Local 318 herein called the Obligee, in the  
penal sum of \_\_\_\_\_ (\_\_\_\_\_) for the obligation hereinafter set forth for the  
payment of which, well and truly to be made, we hereby, jointly and severally, bind ourselves, our  
successors and assigns and heirs, executors and administrators.

WHEREAS, the above named Principal is employing employees represented by the Operating Engineers  
Local 318, for the purpose of performing certain classified work in the territory within the jurisdiction of said  
Union as defined in that certain Agreement now in full force and effect between Employer and the Union.  
NOW THEREFORE, the conditions of this bond are such that if the said Principal shall well, faithfully and  
continuously pay the wages and fringe benefits including: Pension Plan, Health and Welfare Plan, Joint  
Apprenticeship and Advanced Training Fund, Supplemental Dues Check-off payments, Building and  
Transportation Fund, Operator Action Fund, Vacation Fund, Egyptian Builders and Organized Labor Together  
(EBOLT) Trust Fund, Downstate Infrastructure Awareness and Advancement Fund (DIAAF) and Industry  
Advancement Funds (IAF), which are due by reason of the work performed by all Union members and other  
employees covered by the provision of the aforesaid Agreement, then this obligation shall be void, otherwise  
to remain in full force and effect. It is expressly understood and agreed that the Principal and Surety, jointly  
and severally, are obligated to pay such Wages and all Fund contributors as listed above as are due and unpaid.  
In no case shall the liability of the Surety exceed the penal sum stated above.

This bond may be cancelled by the Surety thirty (30) days after the receipt by the Obligee of the Surety's  
written notice of cancellation sent by Registered Mail.

Signed, sealed and dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

PRINCIPAL

SURETY

\_\_\_\_\_

\_\_\_\_\_

BY: \_\_\_\_\_

BY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

International Union of Operating Engineers Local 318  
3310 Water Tower Road  
Marion, Illinois 62959

On \_\_\_\_\_ before me, a Notary Public in and for said County  
and State, residing therein, duly commissioned and sworn, personally appeared  
\_\_\_\_\_ known to me to be Attorney-in-fact of  
\_\_\_\_\_,  
the corporation described in and that executed the within and foregoing instrument, and  
known to me to be the person who executed the said instrument in behalf of the said corporation,  
and he/she duly acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and date  
and year stated in the certificate above.

\_\_\_\_\_  
Notary Public

## NOTICE OF INCOMPETENCY

To Whom It May Concern:

This notice is to inform IUOE Local318 of Marion, Illinois on the matter of \_\_\_\_\_.

(Operator's name)

Due to the incompetency of their operational skills to perform as needed on a \_\_\_\_\_,

(type of equipment)

they have been released as an employee of this company. The operator has general knowledge of said equipment, but the ability to operate it proficiently, as desired by this company is inadequate.

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City; State; Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: IUOE Local 318, 3310 Water Tower Rd., Marion, IL 62959

001 ADAMS	035 HARDIN X	069 MORGAN
002 ALEXANDER X	036 HENDERSON	070 MOULTRIE
003 BOND	037 HENRY	071 OGLE
004 BOONE	038 IROQUOIS	072 PEORIA
005 BROWN	039 JACKSON X	073 PERRY
006 BUREAU	040 JASPER	074 PIATT
007 CALHOUN	041 JEFFERSON	075 PIKE
008 CARROLL	042 JERSEY	076 POPE X
009 CASS	043 JODAVIESS	077 PULASKI X
010 CHAMPAIGN	044 JOHNSON X	078 PUTNAM
011 CHRISTIAN	045 KANE	079 RANDOLPH
012 CLARK	046 KANKAKEE	080 RICHLAND
013 CLAY	047 KENDALL	081 ROCK ISLAND
014 CLINTON	048 KNOX	082 ST. CLAIR
015 COLES	049 LAKE	083 SALINE X
016 COOK	050 LASALLE	084 SANGAMON
017 CRAWFORD	051 LAWRENCE	085 SCHUYLER
018 CUMBERLAND	052 LEE	086 SCOTT
019 DEKALB	053 LIVINGSTON	087 SHELBY
020 DEWITT	054 LOGAN	088 STARK
021 DOUGLAS	055 MACON	089 STEPHENSON
022 DUPAGE	056 MACOUPIN	090 TAZEWELL
023 EDGAR	057 MADISON	091 UNION X
024 EDWARDS	058 MARION	092 VERMILION
025 EFFINGHAM	059 MARSHALL	093 WABASH
026 FAYETTE	060 MASON	094 WARREN
027 FORD	061 MASSAC X	095 WASHINGTON
028 FRANKLIN X	062 MCDONOUGH	096 WAYNE
029 FULTON	063 MCHENRY	097 WHITE X
030 GALLATIN X	064 MCLEAN	098 WHITESIDE
031 GREENE	065 MENARD	099 WILL
032 GRUNDY	066 MERCER	100 WILLIAMSON X
033 HAMILTON X	067 MONROE	101 WINNEBAGO
034 HANCOCK	068 MONTGOMERY	102 WOODFORD

(Please complete Reverse Side)