

JAY ELDERS
President
Business Representative

DEE STAHLHUT
Business Manager

JUSTIN SCHULTZ
Recording Secretary

GAY NEIGHBORS
Treasurer

NOAH RIDGWAY
Vice President
Apprenticeship Coordinator

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

February 24, 2020

RE: IUOE Local 318 Rates effective April 1, 2020

Dear Contractor:

Please find enclosed new rates that are effective April 1, 2020 for the International Union of Operating Engineers Local 318. Please note that the Health & Welfare Fund increased by .25 cents to \$10.60/hour and the Supplemental Dues increased by .01 cent to \$2.15/hour. All of the appropriate forms are enclosed to pay each of the respective funds with the correct 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.

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

Sincerely,

Dee Stahlhut
Business Manager
IUOE Local 318

Wage Addendum A

River and Levee Work on the Mississippi and Ohio Rivers, Lakes and Tributaries: Class 1

Effective	4/1/2019	4/1/2020	4/1/2021
Wages	\$35.25	\$35.25	\$35.25
Pension	\$11.00	\$11.00	\$11.00
H&W	\$10.35	\$10.60	\$10.85
Appr & Trng	\$4.15	\$4.15	\$4.15
ECA-IAF	\$0.16	\$0.16	\$0.16
AGCIL-IAF	\$0.16	\$0.16	\$0.16
DIAAF	\$0.10	\$0.10	\$0.10
EBOLT	<u>\$0.10</u>	<u>\$0.10</u>	<u>\$0.10</u>
Total Package	\$61.27	\$61.52	\$61.77

*Employee Deductions:

Dues	- 3.5% of Total Package
VAC	- \$1.00
OAF	- \$0.10 per hour
Bldg & Trans	- \$0.10 per hour

River and Levee Work on the Mississippi and Ohio Rivers, Lakes and Tributaries: Class 2

Effective	4/1/2019	4/1/2020	4/1/2021
Wages	\$31.80	\$31.80	\$31.80
Pension	\$11.00	\$11.00	\$11.00
H&W	\$10.35	\$10.60	\$10.85
Appr & Trng	\$4.15	\$4.15	\$4.15
ECA-IAF	\$0.16	\$0.16	\$0.16
AGCIL-IAF	\$0.16	\$0.16	\$0.16
DIAAF	\$0.10	\$0.10	\$0.10
EBOLT	<u>\$0.10</u>	<u>\$0.10</u>	<u>\$0.10</u>
Total Package	\$57.82	\$58.07	\$58.32

*Employee Deductions:

Dues	- 3.5% of Total Package
VAC	- \$1.00
OAF	- \$0.10 per hour
Bldg & Trans	- \$0.10 per hour

Wage Addendum A

Heavy and Highway, Building and Construction Work Class A

Effective	4/1/2019	4/1/2020	4/1/2021
Wages	\$35.15	\$35.15	\$35.15
Pension	\$11.00	\$11.00	\$11.00
H&W	\$10.35	\$10.60	\$10.85
Appr & Trng	\$4.15	\$4.15	\$4.15
ECA-IAF	\$0.16	\$0.16	\$0.16
AGCIL-IAF	\$0.16	\$0.16	\$0.16
DIAAF	\$0.10	\$0.10	\$0.10
EBOLT	<u>\$0.10</u>	<u>\$0.10</u>	<u>\$0.10</u>
Total Package	\$61.17	\$61.42	\$61.67

Employee Deductions:

Dues	- 3.5% of Total Package for Class A Operator
VAC	- \$1.00
OAF	- \$0.10 per hour
Bldg & Trans	- \$0.10 per hour

Heavy and Highway, Building and Construction Work Class B

Effective	4/1/2019	4/1/2020	4/1/2021
Wages	\$33.25	\$33.25	\$33.25
Pension	\$11.00	\$11.00	\$11.00
H&W	\$10.35	\$10.60	\$10.85
Appr & Trng	\$4.15	\$4.15	\$4.15
ECA-IAF	\$0.16	\$0.16	\$0.16
AGCIL-IAF	\$0.16	\$0.16	\$0.16
DIAAF	\$0.10	\$0.10	\$0.10
EBOLT	<u>\$0.10</u>	<u>\$0.10</u>	<u>\$0.10</u>
Total Package	\$59.27	\$59.52	\$59.77

Employee Deductions:

Dues	- 3.5% of Total Package for Class A Operator
VAC	- \$1.00
OAF	- \$0.10 per hour
Bldg & Trans	- \$0.10 per hour

Wage Addendum A

Heavy and Highway, Building and Construction Work Class C

Effective	4/1/2019	4/1/2020	4/1/2021
Wages	\$25.85	\$25.85	\$25.85
Pension	\$11.00	\$11.00	\$11.00
H&W	\$10.35	\$10.60	\$10.85
Appr & Trng	\$4.15	\$4.15	\$4.15
ECA-IAF	\$0.16	\$0.16	\$0.16
AGCIL-IAF	\$0.16	\$0.16	\$0.16
DIAAF	\$0.10	\$0.10	\$0.10
EBOLT	\$0.10	\$0.10	\$0.10
Total Package	\$51.87	\$52.12	\$52.37

Employee Deductions:

Dues	- 3.5% of Total Package for Class A Operator
VAC	- \$1.00
OAF	- \$0.10 per hour
Bldg & Trans	- \$0.10 per hour



Egyptian Contractors Association

3-25-19

Date



Associated General Contractors of Illinois

3/26/2019

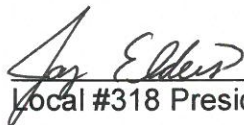
Date



Local #318 Business Manager

3-25-2019

Date



Local #318 President

3-25-2019

Date

WAGE ADDENDUM

Effective Date: April 1, 2020

RIVER

Class 1	\$35.25
Class 2	\$31.80

HIGHWAY, HEAVY, BUILDING

Class A

Wages	\$35.15
Pension	\$11.00
Health & Welfare	\$10.60
Appren. & Training	\$ 4.15
Industry Advc. Fund	\$.16
AGCIL-IAF	\$.16
DIAAF	\$.10
EBOLT	\$.10
	\$61.42

Class B

Wages	\$33.25
Pension	\$11.00
Health & Welfare	\$10.60
Appren. & Training	\$ 4.15
Industry Advc. Fund	\$.16
AGCIL-IAF	\$.16
DIAAF	\$.10
EBOLT	\$.10
	\$59.52

Class C

Wages	\$25.85
Pension	\$11.00
Health & Welfare	\$10.60
Appren. & Training	\$ 4.15
Industry Advc. Fund	\$.16
AGCIL-IAF	\$.16
DIAAF	\$.10
EBOLT	\$.10
	\$52.12

EMPLOYEE DEDUCTIONS ALL CLASSES:

Dues:	3.5% of Total Gross Package of Class A Journeyman Scale or \$2.15 per hour
Vac.:	\$1.00 per hour
B&T:	.10 cents per hour
OAF:	.10 cents per hour

MAKE COPIES OF THIS FORM FOR FUTURE USE!

LOCAL 318 **REMEMBER**
SUPPLEMENTAL DUES, B&T, OAF, AND VACATION CHECK OFF FORM
APRIL 1, 2020 thru MARCH 31, 2021

REMEMBER: SEPARATE CHECK FOR OAF!!

EMPLOYER: _____ FEIN # _____ PERSON COMPLETING _____

PHONE/FAX _____ EMAIL _____

DATE: _____ REPORT FOR MONTH OF: _____ FINAL REPORT CHECK HERE: _____

THESE ARE EMPLOYEE DEDUCTIONS!

Please Note: LIST ALPHABETICALLY by LAST NAME.

\$2.15

\$0.10

\$0.10

\$1.00

NAME & SS #	ADMIN DUES	BLDG & TRANS	OAF	VACATION	HOURS	PERMIT \$32.75 PER MONTH	DOBIE \$10.00 PER WEEK
SUBTOTAL(S):							
TOTALS FOR MONTH:							

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:

FUND
NUMBER**253**LOCAL 841 ☐LOCAL 103 ☐LOCAL 318 ☒LOCAL 649 ☐Employer
Name

Temporarily Inactive ☐
 Permanently Inactive Due to:
 No longer in business ☐
 Out of area ☐
 Other ☐

Fed Id # _____

Make 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

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 _____

Report for month ending _____ Last month reported _____

EMPLOYEE NAME	SOCIAL SECURITY NUMBER	WELFARE HOURS	PENSION HOURS	CPF ACCOUNT NUMBER
				See back of form for instructions and what county is covered by each Local.
				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		10.60	
				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

February 24, 2020

Attn: Payroll

Here are the Apprentice Wage Rates beginning April 1, 2020 through and including March 31, 2021.

Journeyman Scale as of April 1, 2020 \$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

February 24, 2020

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, 2020 through and including March 31, 2021.

Please do not use these new forms until you are paying on hours worked beginning April 1, 2020 payable, no later than May 15, 2020. Please make one (1) check for the total amount due. It is not necessary to divide the amounts into separate checks. Please make copies of the Joint Report Forms for additional use. If you need a new copy sent to you, please include the correct email address for the forms to be sent to.

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. A form for every month is to be returned, even if the hours worked in that particular month are zero (0).

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 use the new form until you are paying in May 2020 on hours worked, beginning April 1, 2020.** 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 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,
2020

Joint Report Form

March 31,
2021

(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**

Email For Additional Forms: _____

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**

PLEASE RETURN 3 PRINTED COPIES

*****COPY FOR FUTURE USE*****



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

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President
Business Representative

DEE STAHLHUT
Business Manager

JUSTIN SCHULTZ
Recording Secretary

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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)