

2245 SPEERS ROAD OAKVILLE ONTARIO L6L 6X8 T 905.469.9299 F 905.469.3007

Mike Gallagher

BUSINESS MANAGER

Joe Redshaw
PRESIDENT

To: Operating Engineers Employer Bargaining Agency; and
Participating Local 793 Supplementary Unemployment Benefit Plan ("SUB Plan")
Employers

Local 793's SUB Plan has now been approved by Service Canada and Canada Revenue Agency. In accordance with the signed Letter of Understanding regarding your Association members' participation in the Union's SUB Plan, you have agreed that \$0.05 per hour of the May 1, 2020 planned increase to the IUOE Welfare Fund will be directed into the new Local 793 SUB Plan.

It is important to note that this \$0.05 per hour redirection to the SUB Plan is <u>NOT</u> subject to the 8% Retail Sales Tax ("RST"). To properly remit the \$0.05 SUB Plan payment, it should be removed from the Welfare Fund amount and calculated on a separate line, without applying RST. The amounts that remain in the Welfare Fund are still subject to 8% RST.

For Example:

www.iuoelocal793.org

On May 1, 2020 the Welfare Fund increases by \$0.20 from \$5.59/hours earned to \$5.79/hour earned. Of the \$0.20 increase, \$0.05 will be directed into the new Local 793 SUB Plan. Therefore, the calculation for the May-2020 remittance (and subsequent work months) for the Welfare Fund and SUB Fund would be as follows:

Members have a total of 100.00 hours earned in July 2020 work month:

Welfare Fund = 100.00 hours X \$5.74 = \$574.00 RST on Welfare Fund = \$574.00 X 8% = \$45.92 SUB Plan = 100.00 hours X \$0.05 = \$5.00

All other funds and deductions remain calculated the same as previously.

In order to assist in a smooth transition, please provide a copy of this letter to all your relevant Association members. Attached is a revised Employer Contribution Report for their records which all contractors should begin using with the July 2020 remittance. Any Local 793 contractors with follow up questions can contact Jeff Smith at (905) 469-9299 ext. 2249.

Sincerely,

Melissa Atkins-Mahaney

IUOE Local 793 Labour Relations Manager, Counsel

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 793 TRUST FUNDS FOR PENSION AND OTHER RENEFITS

FOR JOB LOCATION AT	IKOSI FOI	1D3 FOR	\ PL	TYPE OF W		IEK DI		3
EMPLOYER CONTRUBITI	ON REPORT FOR	MONTH OF		_ ''''				
PLEASE COMPLETE THE FO								
(1) Will there be hours to report next month?				No		EMBLOVEE	DEDUCTIONS	
(2) If not, an employer contribution	ubmitted for th			1	2	DEDUCTIONS 3	4	
month stating "Nil Report". Th								
there are no hours to report.	EMBLOVEEIO	TOTAL	1	TOTAL	ABVANOE	DEOULAD	LINUTIATION	WORKING
EMPLOYEE'S NAME	EMPLOYEE'S SOCIAL	TOTAL HOURS		TOTAL HOURS	ADVANCE DUES	REGULAR MONTHLY	INITIATION FEE	WORKING DUES
LAST NAME INITIAL	INSURANCE	WORKED)	EARNED	CHECK OFF	UNION	& ANNUAL	CHECK OFF
(USE THESE SPACES OR ATTACH LIST)	NUMBER				AMOUNT PER EMPLOYEE	DUES	ASSESSMENT	AMOUNT PER EMPLOYEE
* A DEFIN	ITION OF HOURS WOR	KED AND HOU	RS EAF	RNED (PAID) IS OU	JTLINED ON TI	HE NEXT PA	GE.	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
ADMINISTRATOR'S USE ONLY	TOTALS THIS SHEET							
EMPLOYER CODE:								
WELFARE / BENEFIT	TOTALS ALL SHEETS		-	-	-	-	-	-
Total hours worked or earned as per Collective	\$	-	This is sheet No of sheets.					
Total welfare amount (****see over)		\$	_	Employer's name (if changed, attach notice)				
SUPPLEMENTARY UNEMPLOYEMENT BENEFIT				Address (street and no.) (if changed, attach notice)				
Total hours worked or earned as per Collective PENSION (REVENUE CANADA PENSION	-	\$	-					
Total hours worked or earned as per Collective		\$	-					
TRAINING FUND		\$	_	City and Province Postal Code				
Total hours worked or earned as per Collective AgreementX NATIONAL TRAINING FUND		Ψ		Phone No. Fax No.				
Total hours worked or earned as per Collective AgreementX		\$	-	_() ()				
WORKING DUES CHECK OFF TOTA	 \$		Main Company e-mai	il				
Total hours worked or earned as per Collective AgreementX LABOUR RELATIONS FUND / INDUSTRY		Ψ	_	Payroll e-mail (if different from above)				
Total hours worked or earned as per Collective Agreement		\$	-	Name of Construction Association to which you halong				
H.S.T. CALCULATION (if applicable) Total amount paid for Labour Relations x 13%		\$	-	Name of Construction Association to which you belong				
(Association H.S.T. Reg. No)		_		Signed by and date				
REGULAR MONTHLY UNION DUES TOTAL (COLUMN 2)		\$	-					
INITIATION FEES & ANNUAL ASSESSMENTS TOTAL (COLUMN 3)		\$	-					
ADVANCEMENT DUES (COLUMN 1) Total hours worked or earned as per Collective AgreementX		\$		Mailing Instruction MAIL ONE CHEQUE PAYABLE TO "I.U.O.E. LOCAL 793 BENEFIT TRUST" TO:				
NATIONAL BARGAINING FUND		Φ.		I.U.O.E. LOCAL 793				
Total hours worked		ərcial Institutional)		2245 SPEERS ROAD, OAKVILLE, ONTARIO L6L 6X8 ATTN: REMITTANCE CO-ORDINATOR				
Employee Deduction = I.C.I. Hours earnedX 1¢		\$		MAIN #: 905-469-9299, FAX #: 905-469-3007				
Employer Contribution = I.C.I. Hours earned	\$		PLEASE RETAIN A C	COPY FOR YOUR	FILES			
ADVANCEMENT FUND/DEVELOPME Total hours worked or earned as per Collective		\$	_	Remarks				
		\$	_					
ADJUSTMENTS (attach breakdown)		Ψ						
CHEQUE No:	TOTAL	\$	-					
CHEQUE Date:	<u> </u>							

DEFINITIONS OF TOTAL HOURS WORKED, TOTAL HOURS EARNED/PAID

Total Hours Worked=Actual number of hours worked by an employee.

Total Hours Paid (Earned)=Total number of hours calculated by adding overtime hours, (multiplied by the applicable overtime rate (i.e. one and one-half, or two times for double time)), to straight-time hours.

Example:

Actual hours worked by an employee in one week = 45 40 hours at straight time, 5 hours of overtime.

Hours Worked = 45 Hours Paid (Earned):

a) If the overtime was paid at the rate of double time:

40 hours

 $+ 5 \text{ hours } \times 2 = \underline{10 \text{ hours}}$

50 hours paid (earned).

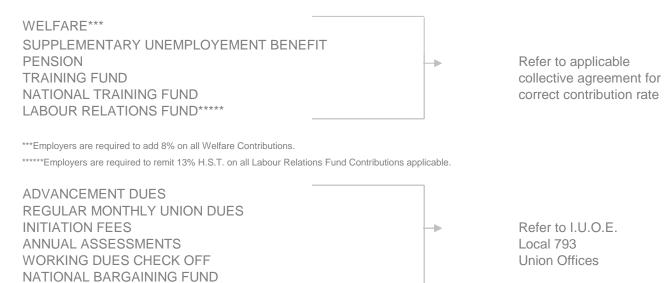
b) Similarly, if the overtime was paid at the rate of time and one-half, the hours paid would be calculated as follows:

40 hours

 $+ 5 \text{ hours } x 1.5 = \frac{7.5 \text{ hours}}{}$

= 47.5 hours paid (earned).

CONTRIBUTION RATES



*SECRETARIAT FUND (Employer Portion) - Refer Questions to Local Construction Association (.01 Employer Contribution)

*SECRETARIAT FUND (Employee Portion) - Refer Questions to I.U.O.E. Local 793 (.01 Employee Deduction)

NOTE

Be sure to remit required contributions on time in accordance with the terms of applicable collective agreements and/or participation agreements. Delinquent employers and those making late payments expose themselves to penalties.

Each employer is deemed to be a trustee of contributions owing for all benefits related to services rendered by employees for the purposes of the Mechanics' Lien Act of Ontario and the Pension Benefits Act, 1965 of Ontario.

^{*}Industrial Commercial Institutional Construction Sector only