

SEIU Local 105 Health & Welfare Fund

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Administered by
Welfare & Pension Administration Service, Inc.

June 9, 2016

**To: All Participating Plan Employers
Service Employees International Union Local 105 Health & Welfare Fund**

RE: Employer Remittance Form and Instructions

Enclosed are your employer remittance forms and instructions for reporting May 2016 hours. Please note the billing format and account numbers have changed from the forms you received previously from ATPA. If you employ members in both Zones 1-4/Downtown and Zones 5-8, you will receive two billing forms each month, one for each zone grouping since the contribution rates are different for the two groups.

If you are currently using your own spreadsheet to report hours and flat rate contributions, you are welcome to continue that practice. We ask that you add your new account number(s) to your spreadsheet to insure this office credits your payment correctly.

For electronic banking information and if you wish to send your spreadsheets electronically, please send requests to Coleen Kincannon at ckincannon@wpas-inc.com.

We understand past practice was to allow employers to take credit for contributions paid in error that resulted in a retroactive termination of coverage. Please be advised that the Affordable Health Care Act does not allow for a rescission of coverage and employer credits will no longer be allowed if the result is to terminate coverage retroactively. Credits will still be allowed if they result in terminating coverage prospectively. With that being said, if you realized that contributions were paid on an employee in error, you should notify the Administration Office immediately. It could make the difference of being able to take a credit. For example, contributions paid for May employment update coverage for July. If the Administration Office is notified that these contributions were paid in error no later than June 30th a credit would be allowed. If notified after June 30th, not credit would be allowed, since the credit would now serve to terminate coverage retroactively effective July 1st.

If you have questions, or concerns please contact Coleen Kincannon at the email address listed above or (844) 700-SEIU (7348), ext. 3313.

**Administration Office
Service Employees International Union Local 105 Health & Welfare Fund**

Enclosures

KB: jwg opeiu#8
S:\Mailings\Individual Trust Fund Mailings (SMM, Benefit Changes, etc.)\F53-02\F53-02 - Mailing - 2016 - 06.09 - Employer Billing Cover Letter.docx

INSTRUCTIONS FOR PREPARING EMPLOYER REMITTANCE REPORT

1. Complete all reports; retain last copy for your files and mail reports and remittances to the address on the report. Make checks payable to the Trust. **Note:** If you submit computer-generated attachments with your report, you must provide the appropriate number of copies for each report copy. When the remittance report consists of more than one page, the **first** page of the report must be used to list **all** contributions made and the grand total must match your check amount.
2. All employees covered by this Trust for whom contributions are due must be listed on the report. Please add names and social security numbers of new hires and re-hires and cross out terminated employees. Be sure the names and social security numbers are correct.
3. Enrollment forms should be completed by all employees covered by the Trust. It is important that completed forms are returned to the Administration Office as soon as possible. Please keep a supply of these enrollment forms on hand for distribution to new hires. Should you require additional forms, contact your local union or the Administration Office.
4. Please refer to your labor agreement when computing payments to the Trust. The contribution rates are indicated on the report. In computing compensable hours, multiply total hours by hourly rate, adjust to the nearest half hour or hour, and remit amount due. If you are remitting a flat rate, refer to your labor agreement for minimum hour reporting requirements if applicable. If your payroll period ends on a date other than the last day of the month, compute your remittance as of the pay period nearest to the end of the month.
5. Please be aware that your report must be received by the due date indicated on the billing. If we do not receive reporting forms by the date due each month, your account will be placed in a delinquent status and liquidated damages may be assessed.
6. If you no longer employ anyone covered under this Trust, please contact your local union to request to be placed on an inactive status, until such time as you hire or have work in the trade. If you have no employees in a particular month, mark the "No Employees" box in the upper right-hand corner of the report and return to the remittance address.
7. Adjustments or corrections to a previous report must be detailed, specifying the applicable employee name and social security number. Under the Affordable Care Act, corrections that take away eligibility for Health Benefits for a current or past month are not allowed. The Trust may disallow corrections to that result in a rescission of coverage.
8. Do not include any other occupations on this report except those covered by this Trust. If in doubt, contact the local union or the Administration Office.
9. Please be sure your firm name is the one you use in conducting your business. Explain any change in firm name from last report.