

# Carpenters Trusts of Western Washington

## Associate Acknowledgment

### Employer Information (to be completed by employer)

Employer Name:		
Employee Name:		SSN:
Job Title:		Hourly or Salaried?
5% or More Owner? (Y/N)	Officer of Employer? (Y/N)	Is Employee Highly Compensated?* (Y/N)

Check <input checked="" type="checkbox"/> Trusts in Which Employee Will Participate**		
[ ]	Carpenters Health and Security Trust of Western Washington	Add Date:
[ ]	Carpenters Retirement Trust of Western Washington and/or Carpenters of Western Washington Individual Account Pension Plan	Add Date:

\* **Highly Compensated.** The Trusts request this information to assist in the nondiscrimination testing required under Section 410(b) of the Internal Revenue Code. An employee is Highly Compensated for 2016 if the employee is either:

1. A 5% owner of the company during 2015 or 2016; or
2. Received compensation in excess of \$120,000 during 2015 or 2016.

\*\* **Training Trust.** If the Employer's Collective Bargaining Agreement provides for payment of Contributions to the Training Trust, then contributions will be required to the Training Trust in addition to the Trusts selected above.

### Employer Confirmation

I have reviewed the information above and confirm its accuracy. I understand contributions are required in the following manner:

**Carpenters Health and Security Trust.** Contributions are to be paid to the Carpenters Health and Security Trust on a monthly basis at a rate equal to 160 times the applicable hourly rate set by the employer's Collective Bargaining Agreement.

**Carpenters Retirement Trust, Carpenters Individual Account Pension Trust (except 401(k) elective deferrals), Apprenticeship Trust.** Contributions are paid to these three funds on a monthly basis on 40 hours for each week, or portion thereof, the Associate is paid or entitled to payment at the applicable hourly rate set by the employer's Collective Bargaining Agreement.

I agree to withhold dues from the Associate's pay if the Associate has initialed below to continue dues check-off.

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

### Employee Confirmation

I have reviewed the information above and confirm its accuracy and my understanding of how contributions are to be made on my behalf. **I also understand I may discontinue participation in one or more of the selected Trusts. However, once participation is discontinued in a Trust, it may not thereafter be reinstated until renewal of the employer's Collective Bargaining Agreement.** A request to change an existing employee's status from nonbargaining to bargaining must be made in writing to Carpenters Trusts.

Continue Voluntary Dues Check Off? (please initial): Yes: \_\_\_\_\_ No: \_\_\_\_\_

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