



March 24, 2016

### **Important Notice Regarding Changes to the Funds' Contribution Refund Policy and New Company Data Sheets**

Dear Contributor to the IATSE National Benefit Funds:

I am writing to advise you of two recent policy changes adopted by the Board of Trustees that will affect contributions to the Funds and the refund of such contributions. We will be updating the "*Employer Contributions and Collection Guidebook*" to reflect these changes shortly. We will share a copy of the updated Guidebook with you upon its completion and it will be available via the Funds' website, [www.iatsenbf.org](http://www.iatsenbf.org).

- **Effective July 1, 2016 our policy on refunding contributions to employers/payors will change as follows:**
  - **Minimum Refund Amount:** The minimum amount of refund that can be requested will increase to \$100.00. A single refund request that covers contributions made to more than one of the Funds will count toward the \$100 minimum. (For example, a single request for a refund of \$75 from the Pension Fund and \$30 from the Health Fund meets the \$100 minimum).
  - **Administrative Processing Fee:** The Funds will charge an administrative processing fee on all refunds. The Funds will charge 5% of the amount being refunded, with a minimum charge of \$100. The administrative fee will automatically be deducted before any amount is returned to an employer/payor. (Thus in the example above, where the employer requested a refund of \$105, and assuming all \$105 is available for refund, only \$5 would be returned after the deduction for the \$100 minimum administrative fee).
  - **Exceptions to the Administrative Processing Fee:**

There will be no fee (and no \$100 minimum) on refunds of:

    - contributions returned prior to the Fund Office processing and posting the monies to participant accounts.
    - pre-tax employee 401(k) salary deferrals
    - contributions in excess of IRS limits such as 401(a)(17), 415, 401(k), etc.
    - contributions pursuant to MPIPHP home plan documents if evidence is provided clearly demonstrating that the home plan paperwork was not timely received by the payor.
    - contributions held in escrow awaiting a copy of a collective bargaining agreement if the employer requests return of such contributions fifteen days or less from the date of the Funds' letter requesting the collective bargaining agreement. *Absent a request for return within those 15 days, contributions held in escrow will be charged the regular 5% administrative fee with \$100 minimum applicable to refunds), which fee will be deducted before the monies are returned.*
- **Effective July 1, 2016 all signatory employers and all payroll agents must provide their EIN. A completed Company Data Sheet ("CDS"), a copy of which we have enclosed for your convenience and have posted on the Funds' website must be completed as follows:**

- All reporting employers or payroll agents reporting on behalf of signatory employers must complete a CDS for each and every signatory employer (that has a separate EIN) on which they are reporting, if one has not already been provided.
- The Fund Office will require this CDS with each and every collective bargaining agreement, project agreement or other contractual document between an employer and IATSE (or an IATSE Local) requiring contributions to the Funds.
- ***In the absence of a completed CDS and setting forth the signatory employer's EIN on the contribution reports submitted, the contribution reports will not be accepted.***
- We will contact all employers (and/or their payroll agents) currently reporting to us and for whom we do not have this information on file and will give them a limited amount of time to respond so that we can update our records.

***We urge you to complete and return the enclosed Company Data Sheet by uploading it through the Funds website, [www.iatsenbf.org](http://www.iatsenbf.org), faxing it to 646-783-7613, or mailing it to the address below.***

I.A.T.S.E. National Benefit Funds  
Attn: D. Irizarry - CDS  
417 Fifth Avenue - 3<sup>rd</sup> Floor  
New York, NY 10016

A self-addressed envelope has been provided to help expedite the processing of your completed form. If you plan to use your own envelope, please mark it to the attention of "D. Irizarry – CDS".

We are committed to continuing to credit all contributions promptly without interruption to our participants so I thank you in advance for your prompt assistance and cooperation. Please contact me or Mike Fife, Director of Contracts & Contributions at 212-580-9092 with any questions.

Very truly yours,



Anne J. Zeisler  
Executive Director



# COMPANY DATA SHEET FOR SIGNATORY EMPLOYERS

<b>Signatory Employer Name</b> (as it appears on the agreement with IATSE or IATSE Local):		
EIN (Employer Identification Number):		
	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Contact Name(s):</b>		
<b>Phone #:</b>	<b>E-Mail:</b>	
<b>Phone # (Alt):</b>	<b>Fax #:</b>	

<b>COMPANY TYPE</b> (check one):
<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership* <input type="checkbox"/> Sole Proprietor*

\* NOTE: Owners of Sole Proprietorships and Partnerships may not submit contributions on their own behalf

<b>PARENT AND/OR ALTERNATE COMPANY NAMES</b>
<b>Parent Company</b> (if any):
<b>DBAs/Other*</b> (if any):

\* The Funds will only accept contribution reports under the listed names with the EIN above.

<b>I certify that the above information constitutes a total and complete listing of all of the information for the above company:</b>	
<b>By:</b> _____	<b>Signature</b> _____
Name (Please Print)	
<b>Title:</b> _____	<b>Date:</b> _____