

Send Your Remittance Report Electronically

Health and Welfare Fund

This will not only help you save time and money every month but also help with a faster, more accurate posting of your employee's information into our system. All that needs to be done is to create an excel spreadsheet in the format below and email the file to the Fund. Then just mail your payment with copy of one page of the pre-printed remittance report to the designated lockbox. You can even send payment electronically to the Fund via ACH or wire transfer for even faster processing.

- Save time filling out monthly remittance reports!
- Save money on postage!
- Faster and More accurate posting of employee data!

If you have any questions about how to do this, please contact the Health and Welfare Fund at 800-251-1777

SPREADSHEET FORMAT

ROW 1:

COLUMN A: Local Union Number

COLUMN B: Employer Number

COLUMN C: Site Number

COLUMN D: Paydate (20170601 – Format YYYYMMDD)

ROW 2 through

COLUMN A: Social Security Number (XXXXXXXXXX /Full number, No hyphens)

COLUMN B: Last name

COLUMN C: First name

COLUMN D: Middle Initial

COLUMN E: Birth Date (Format YYYYMMDD)

COLUMN F: Gender (M/F)

COLUMN G: Coverage Type (S/F/1/2/3/4)

COLUMN H: Hours / Month (73.25 / 1) – when paying monthly –max is one month.

COLUMN I: Termination Code (1= 2= 3= 4= 5= 6+)

COLUMN K: Address #1

COLUMN L: Address#2 (for ex: apt number)

COLUMN M: City

COLUMN N: State

COLUMN O: Zip Code

Below is an example of what the format should look like:

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
00026	000200882	0001	20170601											
123456789	Johnson	Joe	J	19650130	M	S	1			1 First St	Apt #3	St Paul	MN	55379
234567891	Doe	Mary	E	19460816	F	F	1			2 Dahl Ave	#22	Hopkins	MN	55116
345678912	Doe	John	P	19541224	M	4	0	3	20170530	3 HWY 55		Edina	MN	02135

Please note that your employer number, site number, month being reported and full social security number should be included on each spreadsheet.