

**WESTERN PENNSYLVANIA TEAMSTERS AND EMPLOYERS  
PENSION FUND**

**SUSPENSION APPLICATION**

**Exhibit 15.1**

**Collective Bargaining Agreements and Participation Agreements**

**ARTICLE XIX  
PENSION**

- (a) The Employer agrees to contribute eighty-one dollars and twenty-seven cents (\$81.27) per week on regular employees covered by the Union Agreement to the Western Pennsylvania Teamsters and Employers Pension Fund, beginning on December 2, 2016.
- (b) Effective December 2, 2017, the above rates shall be eighty-six dollars and fifteen cents (\$86.15) per week.
- (c) Effective December 2, 2018 the above rates shall be ninety-one dollars and thirty-two cents (\$91.32) per week.
- (d) The Company agrees to continue six percent (6%) increases in the employee pension fund contributions each year of the agreement.

An employee must receive pay or work a minimum of one (1) day per week to be eligible for a weekly pension payment except as follows: If an employee is absent because of illness or an off-the-job injury and notifies the Employer of such absence, the Employer shall continue to make the required contribution for a period of four (4) weeks. If an employee is injured on the job, the Employer shall continue to pay the required contribution until such employee returns to work; however, such contribution shall not be paid for a period of more than twelve (12) months. If an employee is granted a leave of absence, the Employer shall collect from the employee, prior to the leave of absence being effective, sufficient monies to pay the required contributions into the Pension Fund during the period of absence.

**ARTICLE XX  
WORK STOPPAGE AND LOCK-OUT**

In view of the orderly procedures for the settlement of grievances outlined in this Agreement, the Union will not authorize or sanction any strike, stoppage, slow-down or restrictions of output or deliveries for any reason whatsoever, and the Company will not lock-out the employees.

**STRIKE OR LOCK-OUT-ANOTHER COMPANY**

It is agreed that in case of legitimate strike or lock-out in some other company, it shall not be considered a violation of the Agreement for the members of the Union to refuse to deliver goods where such strike is in progress.

# WESTERN PENNSYLVANIA TEAMSTERS AND EMPLOYERS PENSION FUND

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49 AUTO WAY • PITTSBURGH, PA 15206-3663  
(412) 362-4200 • TOLL FREE (800) 362-4201 • FAX (412) 362-3133EMAIL: [contactus@wpapensionfund.com](mailto:contactus@wpapensionfund.com) • WEBSITE: <http://www.wpapensionfund.com>Western PA Teamsters  
& Employers Pension Fund

## 2010 REHABILITATION PLAN SELECTION FORM

By execution of this form, the undersigned contributing employer and employee bargaining representative (the "Bargaining Parties"), acknowledge their understanding and agree that the annual rate increases owed to the Western Pennsylvania Teamsters and Employers Pension Fund ("Pension Fund") on behalf of employees covered under one or more collective bargaining agreements or participation agreements determine the benefit structure for benefits as described in the Pension Fund's 2010 Rehabilitation Plan.

The Bargaining Parties acknowledge that a copy of the 2010 Rehabilitation Plan has been provided and that they are aware that it sets forth two alternative schedules of contribution and benefit structures, one of which must be selected by the Bargaining Parties when collective bargaining agreements and participation agreements come up for renewal. It also provides for benefit structures which apply in the interim period prior to renewal.

The Bargaining Parties acknowledge their understanding that the "Preferred Schedule" will be deemed to apply to pending agreements which already have a six (6%) percent annual contribution increase in place by the end of 2011. For existing agreements which do not provide for a six (6%) percent contribution increase beginning in 2011, if checked below, the Bargaining Parties hereby agree that the contribution obligation stated in the applicable collective bargaining agreement is amended, effective on the anniversary date of that agreement, by such amount as is necessary to comply with the annual six (6%) percent requirement set forth in the 2010 Rehabilitation Plan. (Note that if compliance with the Rehabilitation Plan is delayed past 2011, greater contribution increases will be required for selection of the Preferred Schedule in 2012 (8%), 2013 (10%) or 2014 (12%).)

If checked below, the Bargaining Parties can select the "Default Schedule"; however, if selected in 2011, annual contribution increases of eight (8%) are required. Greater increases apply if the Default Schedule is first selected or imposed in 2012 (11%), 2013 (14%) or 2014 (17%).

The Bargaining Parties may choose to retain an existing contribution structure which does not provide for annual six (6%) percent contribution increases for the remaining term of a pending collective bargaining agreement which does not expire in 2011. However, by indicating "No Change" on this form, the Bargaining Parties acknowledge their understanding that the 2010 Rehabilitation Plan provides that for service earned after February 1, 2011, Unit Multipliers will be reduced by 50% until the pending collective bargaining agreement is renewed and one of the applicable schedules is selected or imposed.

Verification of Contribution and Benefit Structures				
COMPANY NAME:	A Duchini, Inc			
LOCAL UNION:	397			
Fund Account Number(s)				
1281		PREFERRED SCHEDULE	DEFAULT SCHEDULE	NO CHANGE
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dated: 11-3-11

By: [Redacted]  
EmployerBy: [Redacted]  
Employee Representative

6/26/2017 EMPR0030		W. PA TEAMSTERS AND EMPLOYERS PENSION FUND EMPLOYER MASTER FILE - INQUIRY		F1 = COMMENTS ENT. = CONTINUE	
1281		00 00 0000			
397		1281			
A DUCHINI INC		STATUS: A			
MARTHA DUCHINI		P		PREFERRED	
2550 MCKINNLEY AVENUE		PENALTY BAL		0.00	
PO BOX 10005		PROM. NOTE:		0.00	
ERIE		L/R DATE:		4/ 1 2017	
PA 16514		L/R REASON:		7	
814 456 7027		ENRY DATE:		12 2 1970	
		EXPIRATION:		0 0 0	
		CONVICT:		Y	
		RECURRING:		N	
		PART AGRING:		Y	
				N	
0.00		0.00			
0.00		0.00			
NR2	EXP DATE	EXP DATE	EXP	EXP RATE	EXP RATE
12	1 2015	11 30 2016	W	76.6700	76.6700
12	1 2016	11 30 2017	W	81.2700	81.2700
12	1 2017	11 30 2018	W	86.1500	86.1500
12	1 2018	11 30 2019	W	91.3200	91.3200



Agreement  
by and between

Adams Petroleum Products, Inc.  
Pittsburgh, Pennsylvania

and

Teamsters Automotive Chauffeurs, Parts, Garage,  
Office Clerical, Airline, Healthcare, Petroleum Industry,  
Produce, Bakery and Industrial Workers, Within Western  
Pennsylvania and Joint Council #40 Local Union No. 926,  
Affiliated with International Brotherhood of Teamsters

April 1, 2017 - March 31, 2021

Appendix B  
Teamsters Pension

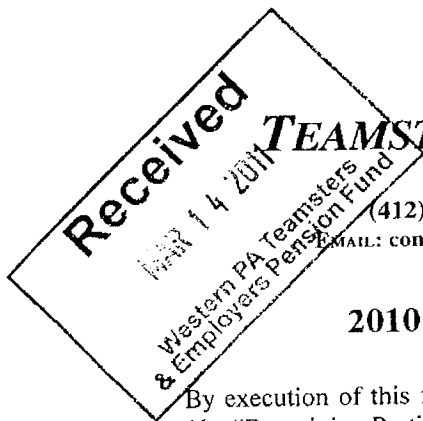
The Employer shall contribute to the Western Pennsylvania Teamsters and Employers Pension Fund for each employee covered by this agreement who has been on the payroll for thirty (30) days or more as follows:

Effective April 1, 2017 the pension contribution will increase 6% compounded annually.

Effective April 1, 2017	\$105.25 per week (one hundred five dollars and twenty-five cents)
Effective April 1, 2018	\$111.57 per week (one hundred eleven dollars and fifty-seven cents)
Effective April 1, 2019	\$118.26 per week (one hundred eighteen dollars and twenty-six cents)
Effective April 1, 2020	\$125.36 per week (one hundred twenty-five dollars and thirty-six cents)

This Fund shall be the Western Pennsylvania Teamsters and Employers Pension Fund. There shall be no other pension fund under this contract for operations under this contract or for operations to which Employers who are party to this contract are also parties. By the execution of this Agreement, the Employer authorizes the Employer's Association, which are parties hereto, to enter into appropriate trust agreements necessary for the administration of such Fund and to designate the Employer Trustees under such agreement, hereby waiving all notice thereof and ratifying all actions already taken or to be taken by such Trustees within the scope of their authority.

If an employee is absent because of illness or off-the-job injury and notifies the Employer of such absence, the Employer shall continue to make the required contributions for a period of four (4) weeks. If an employee is injured on the job, the Employer shall continue to pay the required contributions until such employee returns to work; however, such contributions shall not be paid for a period of more than six (6) months. If an employee is granted a leave of absence, the Employer shall collect from said employee, prior to the leave of absence being effective, sufficient monies to pay the required contributions into the Pension Fund during the period of absence. Contributions to the Pension Fund must be made for each week for each regular employee, even though such employee may work only part time under the provisions of this contract, including weeks where work is performed for the Employer but not under the provisions of this contract, and although contributions may be made for those weeks into some other pension fund. Employees who work either temporarily or in cases of emergency under the terms of this contract shall not be covered by the provisions of this paragraph.



# WESTERN PENNSYLVANIA TEAMSTERS AND EMPLOYERS PENSION FUND

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Verification of Contribution and Benefit Structures				
COMPANY NAME:	Adams Petroleum Products			
LOCAL UNION:	926			
Fund Account Number(s)				
2088		PREFERRED SCHEDULE <input checked="" type="checkbox"/>	DEFAULT SCHEDULE <input type="checkbox"/>	NO CHANGE <input type="checkbox"/>

Dated: 3-10-11

By:   
Employer

By:   
Employee Representative

$\frac{R}{N} = \frac{\text{number of } R\text{'s}}{\text{total number of observations}}$

EMP.	EMP. DATE	EXP. DATE	TYPE	E/P RATE	S/P RATE
4	1 2016	3 31 2017	W	99.2900	99.2900
4	1 2017	3 31 2018	W	105.2500	105.2500
4	1 2018	3 31 2019	W	111.5700	111.5700
4	1 2019	3 31 2020	W	118.2600	118.2600

**COLLECTIVE BARGAINING AGREEMENT**

**BETWEEN**

**ADELMAN LUMBER COMPANY**

**AND**

**TEAMSTERS LOCAL UNION NO. 249  
affiliated with  
INTERNATIONAL BROTHERHOOD OF TEAMSTERS**

**MAY 1, 2015**

**APRIL 30, 2018**

**PREMIUM PAYMENT:** Employees that choose to Opt Out of participation in the Welfare Fund coverage will receive 50% of the premium payment as wages for each month said employee has elected to Opt Out of coverage.

**3. EMPLOYER CONTRIBUTIONS TO PENSION FUND:**

Effective May 1, 2015, the Employer shall contribute to the Western Pennsylvania Teamsters and Employers Pension Fund the following amount per week for each regular employee:

May 1, 2015	\$187.33 per week for each regular employee
May 1, 2016	\$198.57 per week for each regular employee
May 1, 2017	\$210.48 per week for each regular employee

**4. EXTENSION OF EMPLOYER CONTRIBUTIONS FOR DISABILITY:**

In the event an employee is certified by a physician to be disabled and unable to work for reason of non-occupational injury or illness, the Employer shall continue contributions on the employee's behalf to the Western Pennsylvania Teamsters and Employers Welfare Fund for a period of three (3) months following the commencement of such disability.

**D. ALLOWANCE FOR FUNERAL LEAVE:** If a member of any regular employee's immediate family shall die, said employee shall be guaranteed four (4) days' leave of absence with pay. The term "immediate family" shall mean the husband, wife, children, parents, brothers, sisters, mother-in-law and father-in-law of the employee. Leave of absence pay referred to above covers only the four (4) days immediately following the death. If a Saturday, Sunday or Holiday falls on any of the four (4) days, or employee is on vacation, no leave of absence of pay will be made for that day or days.

**E. SUPPER MONEY:** Regular drivers who are sent out on deliveries that require them to be out after ten (10) hours or who are ordered to report for work before 8:00 a.m., and are still working after ten (10) hours from the time they have so reported, shall receive supper money in the amount of seven (\$7.00) dollars in addition to pay for the hours worked. No reduction in time for Supper Period.

**F. HELPING DRIVERS WAGES:** Drivers, when helping, shall receive driver's wages.

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Western PA Teamsters Pc

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## WESTERN PENNSYLVANIA TEAMSTERS AND EMPLOYERS PENSION FUND

49 AUTO WAY • PITTSBURGH, PA 15206-3663  
(412) 362-4200 • TOLL FREE (800) 362-4201 • FAX (412) 362-3133  
E-MAIL: [contactus@wppensionfund.com](mailto:contactus@wppensionfund.com) • WEBSITE: <http://www.wppensionfund.com>

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COMPANY NAME:	Adelman Lumber Company			
LOCAL UNION:	249			
Fund Account Number(s)				
1253		PREFERRED SCHEDULE	DEFAULT SCHEDULE	NO CHANGE
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dated: 6-2-11

By:

Employer

By:

Employee Representative

 Western PA Teamsters  
& Employers Pension Fund

JUN 03 2011

Received

7/02/2018

EMPR0030

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND

EMPLOYER MASTER FILE - INQUIRY

F1 = COMMENTS

ENT.= CONTINUE

1253

249

ADELMAN LUMBER COMPANY

LISA

4925 HARRISON STREET

1253

PA 15201

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5	1	2015	4 30 2016	W	187.3300	187.3300
5	1	2016	4 30 2017	W	198.5700	198.5700
5	1	2017	4 30 2018	W	210.4800	210.4800
5	1	2018	4 30 2019	W	223.1100	223.1100

EXTENSION PER LOCAL



AGREEMENT  
BETWEEN  
BAY VALLEY FOODS  
AND  
INTERNATIONAL BROTHERHOOD OF TEAMSTERS  
LOCAL UNION NO. 249  
Schedule B Drivers

**January 1, 2017 through December 31, 2017**

## 17. FUNERAL LEAVE

In the case of a death of an employee's immediate family (spouse, children, parents, grandchildren, or any other immediate family member), such employee shall receive three (3) days paid leave at the straight time rate. The employee shall be afforded work opportunity or pay therefore up to a maximum of forty (40) hours in any workweek affected. The term "immediate family" shall mean parents-in-law, brothers, sisters or any relatives who reside in the same house as the employee.

## 18. HEALTH AND WELFARE PROGRAM

Effective February 1, 2007 all Schedule B drivers will receive medical coverage under the Western Pennsylvania Teamsters and Employers Welfare Fund. Each Schedule B driver shall contribute \$60/month plus 50% of any annual inflation increase after 5% and carryover of unused balance of the 5% to the following year.

The Company will make prescription coverage available.

Medical coverage will not be made available to Schedule B retirees.

Employees will be eligible for \$100 per month opt-out credit for not utilizing the contractual healthcare benefits.

Any Schedule B Driver employed by the Company beyond the guaranteed number of drivers, will only be paid for hours worked and will not be eligible for any guaranteed hours as described in the contract. Any Schedule B Driver employed beyond the guaranteed number of drivers will be eligible for the Health and Welfare, Pension, and accrued benefits as if they were employed on a fulltime basis.

## 19. PENSION PROGRAM

The Company will contribute \$140/week to the Western Pennsylvania Teamsters and Employers Trust Fund for the duration of the Contract with no incremental increases.

## 20. NON-DISCRIMINATION

As heretofore, the Union and the Company will continue their policies of non-discrimination because of race, religion, sex, color, national origin or age.

## 21. SEVERANCE ALLOWANCE

### A. Termination of Operations

When in the sole judgment of the company it decides to close or to discontinue permanently all or a substantial portion of its operations using hourly paid truck drivers at the Pittsburgh

# WESTERN PENNSYLVANIA TEAMSTERS AND EMPLOYERS PENSION FUND

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Verification of Contribution and Benefit Structures				
COMPANY NAME:	Bay Valley Foods			
LOCAL UNION:	249			
Fund Account Number(s)				
2320		PREFERRED SCHEDULE	DEFAULT SCHEDULE	NO CHANGE
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dated: 6/24/11

By: Bay Valley Foods  
Employer

By: [Redacted]  
Employee Representative

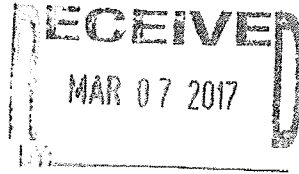
3/01/2018  
EMPR0030W. PA TEAMSTERS AND EMPLOYERS PENSION FUND  
EMPLOYER MASTER FILE - INQUIRYF1 = COMMENTS  
ENT. = CONTINUE

EMPLOYER NBR.: 2320 VOL.WTH.DATE: 00/00/0000  
 EMPLOYER LOCAL: 249 GROUP: 2319 FEDERAL I.D.:  
 EMPLOYER NAME: BAY VALLEY FOODS STATUS CODES: A - -  
 CONTACT NAME: LOUANNE DOLPHIN AGRMNT.CODE: P PREFERRED  
 ADDRESS # 1: ATTN: LOUANNE DOLPHIN  
 ADDRESS # 2: SCHEDULE B DRIVERS  
 ADDRESS # 3: 1080 RIVER AVENUE  
 CITY/STATE/ZIP: PITTSBURGH PA 15212- 0  
 TELEPHONE NBR.: (412)442-6796

PENALTY BAL.: 0.00  
 PROM. NOTE: 0.00  
 L/R DATE: 1/ 1/2018  
 L/R REASON: 7  
 ENTRY DATE: 2/ 1/2007  
 EXPIRATION: 0/ 0/ 0  
 CONTRACT? Y/N: Y - -  
 MSTR.FREIGHT?: EXCPT.CODE:  
 PART.AGRMNT.?: 2257 - Y/N:

	CURRENT	TOTAL
OVERPAYMENT INVCE:	0.00	0.00
OVERPAYMENT AUDIT:	0.00	0.00

NBR.	EFF.DATE	EXP.DATE	TYP	E/R RATE	S/P RATE
1.	1/ 1/2015	12/31/2015	W	187.3400	187.3400
2.	1/ 1/2016	12/31/2016	W	198.5800	198.5800
3.	1/ 1/2017	12/31/2017	W	210.4900	210.4900
4.	1/ 1/2018	12/31/2018	W	223.1200	223.1200



1964  
1979

*Agreement by and Between*

**BFI WASTE SERVICES OF PENNSYLVANIA, LLC  
d/b/a ALLIED WASTE SERVICES OF PITTSBURGH  
and ALLIED WASTE SYSTEMS OF PENNSYLVANIA, LLC  
d/b/a IMPERIAL LANDFILL**


and

**TEAMSTERS LOCAL 205**  
*Representing*  
***Employees of BFI / Allied Waste Systems***

Ratification (February 4, 2017) to October 31, 2021

in writing, and upon satisfactory documentary proof of medical coverage elsewhere. Employees who accept such allowance may choose to return to medical coverage at the plans open enrollment period or any time a qualifying event occurs, but in any event, no more than one (1) election may take place in a twelve (12) month period. Coverage will begin the next full month period. Those employees who accept the Medical Allowance shall be covered for all other benefits offered under Plan 9A and the employer shall be billed at a separate rate to provide said coverage.

- C. The parties shall have the right to re-open the provisions of this Article to negotiate new insurance and/or cost sharing language when changes are or will be needed to comply with the Affordable Care Act, its regulations, or other federal, state, or local health care reform legislation; or to avoid or minimize fees (including but not limited to the employer shared responsibility assessable payment fines, taxes, the implementation of Cadillac taxes (e.g. the excise tax on high cost employer-sponsored health coverage), assessments, Fund charges or contribution increases beyond those expressly in the contract, or penalties regarding the provision of insurance coverage. The parties shall commence negotiations within thirty (30) days upon receipt of said notice and continue for up to sixty (60) days. Should no agreement be reached, the parties shall have the right to take any legal or economic action lawfully available to them.

16.02 The Company agrees to provide for eligible employees who have worked ninety (90) days, coverage under the Western Pennsylvania Teamsters and Employers Pension fund (the "Fund"). Upon ratification or November 1, 2016, whichever is later, the Company's contribution shall be increased by six percent (6%) to \$98.00 per week. If ratification occurs after November 1, 2016, the Company shall only be required to make contribution increases retroactive to November 1, 2016 if required by the terms of the Rehabilitation Plan. Effective November 1, 2017, the weekly contribution shall be increased to \$103.88. Effective Nov 1, 2018, the contribution shall be \$110.11 per week. Effective November 1, 2019, the contribution shall be \$116.72. Effective November 1, 2020, the contribution shall be \$123.72. 

16.03 Effective January 1, 2018, it is hereby understood and agreed that at the Company's sole and exclusive discretion, and upon one hundred eighty (180) days' written notice to the Union from the Company ["the Company notice"], the Company's obligation to make contributions to the Western Pennsylvania Teamsters and Employers Pension Fund ("Fund") shall cease and terminate completely, effective as of the date of the Company notice, such that as of the date of the Company notice the Company shall completely withdraw from the Fund within the meaning of ERISA. Any such withdrawal shall be consistent with any then effective Participation Agreement by and between the Fund and the Company. In no event shall any Participation Agreement by and between the Fund and the Company have a duration longer than one year.

Following the Company notice, the Company shall be obligated to, and shall, as described further herein, enroll the employees within the bargaining unit covered by

WESTERN PENNSYLVANIA  
TEAMSTERS AND EMPLOYERS PENSION FUND

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E-mail: contactus@wpa-pensionfund.com • Website: http://www.wpa-pensionfund.com

Received

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The Bargaining Parties acknowledge their understanding that the "Preferred Schedule" will be deemed to apply to pending agreements which already have a six (6%) percent annual contribution increase in place by the end of 2011. For existing agreements which do not provide for a six (6%) percent contribution increase beginning in 2011, if checked below, the Bargaining Parties hereby agree that the contribution obligation stated in the applicable collective bargaining agreement is amended, effective on the anniversary date of that agreement, by such amount as is necessary to comply with the annual six (6%) percent requirement set forth in the 2010 Rehabilitation Plan. (Note that if compliance with the Rehabilitation Plan is delayed past 2011, greater contribution increases will be required for selection of the Preferred Schedule in 2012 (8%), 2013 (10%) or 2014 (12%).)

If checked below, the Bargaining Parties can select the "Default Schedule"; however, if selected in 2011, annual contribution increases of eight (8%) are required. Greater increases apply if the Default Schedule is first selected or imposed in 2012 (11%), 2013 (14%) or 2014 (17%).

The Bargaining Parties may choose to retain an existing contribution structure which does not provide for annual six (6%) percent contribution increases for the remaining term of a pending collective bargaining agreement which does not expire in 2011. However, by indicating "No Change" on this form, the Bargaining Parties acknowledge their understanding that the 2010 Rehabilitation Plan provides that for service earned after February 1, 2011 Unit Multipliers will be reduced by 50% until the pending collective bargaining agreement is renewed and one of the applicable schedules is selected or imposed.

Verification of Contribution and Benefit Structures			
COMPANY NAME:	Browning-Ferris Industries OFI Waste Services of PA, aka d/b/a Allied Waste Services of PA, And Allied Waste Systems of PA D/O/A Imperial Landfill		
LOCAL UNION:	205		
1964, 1979	Fund Account Number(s)	PREFERRED SCHEDULE <input checked="" type="checkbox"/>	DEFAULT SCHEDULE <input type="checkbox"/>
			NO CHANGE <input type="checkbox"/>

Dated: 1/14/11

By:

Employer

By:

Employee Representative

run

6/27/2017

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND

F1 = COMMENTS

EMPR0030

EMPLOYER MASTER FILE - INQUIRY

ENT.= CONTINUE

EMPLOYER NBR.: 1964

EMPLOYER LOCAL: 205

EMPLOYER NAME: BFI WASTE SRVS/ALLIED WASTE

CONTACT NAME: FKA BFI TARA EIMER, 6310

ADDRESS 1: ATTN: CHRISTINE GLOVER

ADDRESS 2: P O BOX 448

ADDRESS 3:

CITY/STATE/ZIP: CARNEGIE PA 15106- 0

TELEPHONE NBR.: (412) 505 6315

VOI WITH DATE: 00/00/0000

FEDERAL T.O.:

STATUS CODE: A

ACR/CDL CODE: P PREFERRED

IN-DEBT: 0.00

PRIM. RATE: 0.00

EXP. DATE: 5 1 2017

I/R REASON: 96

ENTRY DATE: 4 23/1990

EXPIRATION: 0 0 0

CONTINUED: Y

KSR. PRIORITY: N

PAYD. PRIORITY: Y 0000 - 0000 N

0.00

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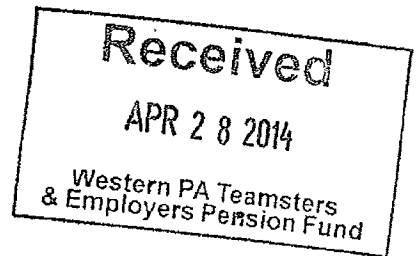
YR.	EXP. DATE	EXP. DATE	TY	E/R RATE	S/P RATE
1.	11/ 1 2016	10/ 31 2017	W	98.0000	98.0000
2.	11/ 1 2017	10/ 31 2018	W	103.8800	103.8800
3.	11/ 1 2018	10/ 31 2019	W	110.1100	110.1100
4.	11/ 1 2019	10/ 31 2020	W	116.7200	116.7200



DDMMYY					0.00
DROM. MONTH					0.00
L/R DATE	5	1	2017		
L/R PERIOD			16		
ENTRY DATE	4	1	1991		
EXPIRATION	0	0	0		
CONTRACT? Y/A	Y				
MOTV. EFFICIENT	N				
PARY. ADMNSTR.	Y				

11	1	2016	10	31	2017	W	98.0000	98.0000
11	1	2017	10	31	2018	W	103.8800	103.8800
11	1	2018	10	31	2019	W	110.1100	110.1100
11	1	2019	10	31	2020	W	116.7200	116.7200

2254/30



AGREEMENT

BY AND BETWEEN

BLUELINX BUILDING MATERIALS DISTRIBUTION CENTER

NEW STANTON, PENNSYLVANIA

AND

TEAMSTERS, CHAUFFEURS, WAREHOUSEMEN AND HELPERS

LOCAL UNION NO. 30

MAY 1, 2013

THROUGH

APRIL 30, 2019

Each April 10<sup>th</sup> for the duration of the contract the trustees will determine if an increase is required. If such an increase is determined necessary by the Trustees of the Fund in years two (2) through six (6) the company and the employee will share the increase on the basis of 80% company 20% employee up to the company capped amounts. Anything above the company cap will be shared on a 50% company 50% employee basis. Employees eligible for Health and Welfare Plans will be full time non-probationary employees.

## **SECTION 2**

If an employee is absent because of illness or off-the-job injury and notifies the Employer of such absence, the Employer shall continue to make the required contribution for a period of six (6) months. If an employee is injured on the job, the Employer shall continue to pay the required contribution until such employee returns to work; however, such contribution shall not be paid for a period of more than twelve (12) months.

## **ARTICLE 14 - PENSION**

### **SECTION 1**

The company will not withdraw from the Western PA Teamsters Trust for the life of this agreement. The company will contribute for each employee covered by this Agreement who has been on the payroll thirty (30) days or more the following amounts:

Effective	Weekly	Per 40 Hours	Hourly Increase
May 1, 2013	\$80.98	\$2.02	.22
May 1, 2014	\$85.84 <sup>J</sup>	\$2.15	.12
May 1, 2015	\$90.99 <sup>J</sup>	\$2.27	.13
May 1, 2016	\$96.45 <sup>J</sup>	\$2.41	.14
May 1, 2017	\$102.24 <sup>'</sup>	\$2.56	.14
May 1, 2018	\$108.37 <sup>'</sup>	\$2.71	.15

ATTN: Gerri TALERICO  
412-362-3133

Received

APR 24 2013

Western PA Teamsters  
& Employers Pension Fund

## 2010 REHABILITATION PLAN SELECTION FORM

By execution of this form, the undersigned contributing employer and employee bargaining representative (the "Bargaining Parties"), acknowledge their understanding and agree that the annual rate increases owed to the Western Pennsylvania Teamsters and Employers Pension Fund ("Pension Fund") on behalf of employees covered under one or more collective bargaining agreements or participation agreements determine the benefit structure for benefits as described in the Pension Fund's 2010 Rehabilitation Plan.

The Bargaining Parties acknowledge that a copy of the 2010 Rehabilitation Plan has been provided and that they are aware that it sets forth two alternative schedules of contribution and benefit structures, one of which must be selected by the Bargaining Parties when collective bargaining agreements and participation agreements come up for renewal. It also provides for benefit structures which apply in the interim period prior to renewal.

The Bargaining Parties acknowledge their understanding that the "Preferred Schedule" will be deemed to apply to pending agreements which already have a six (6%) percent annual contribution increase in place by the end of 2011. For existing agreements which do not provide for a six (6%) percent contribution increase beginning in 2011, if checked below, the Bargaining Parties hereby agree that the contribution obligation stated in the applicable collective bargaining agreement is amended, effective on the anniversary date of that agreement, by such amount as is necessary to comply with the annual six (6%) percent requirement set forth in the 2010 Rehabilitation Plan. (Note that if compliance with the Rehabilitation Plan is delayed past 2011, greater contribution increases will be required for selection of the Preferred Schedule in 2012 (8%), 2013 (10%) or 2014 (12%).)

If checked below, the Bargaining Parties can select the "Default Schedule"; however, if selected in 2011, annual contribution increases of eight (8%) are required. Greater increases apply if the Default Schedule is first selected or imposed in 2012 (11%), 2013 (14%) or 2014 (17%).

The Bargaining Parties may choose to retain an existing contribution structure which does not provide for annual six (6%) percent contribution increases for the remaining term of a pending collective bargaining agreement which does not expire in 2011. However, by indicating "No Change" on this form, the Bargaining Parties acknowledge their understanding that the 2010 Rehabilitation Plan provides that for service earned after February 1, 2011, Unit Multipliers will be reduced by 50% until the pending collective bargaining agreement is renewed and one of the applicable schedules is selected or imposed.

Verification of Contribution and Benefit Structures				
COMPANY NAME:	BlueLink			
LOCAL UNION:	30			
Fund Account Number(s)				
2234		PREFERRED SCHEDULE	DEFAULT SCHEDULE	NO CHANGE
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dated: 4/24/13 By: BLUELINK  
Employer

By: [REDACTED]  
Employee Representative

run

6/27/2017

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND

F1 = COMMENTS

EMPR0030

EMPLOYER MASTER FILE - INQUIRY

ENT.= CONTINUE

2254

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2254

BLUELINX

NICOLE

X31203

P O BOX H

OLD RTE 119 & HUNKER RD

NEW STANTON

PA 15672

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(724)925-7285

00:00:0000

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PREFERRED

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96.4500

5/ 1 2017

4/30/2018

W

102.2400

102.2400

5/ 1 2018

4 30/2019

W

108.3700

108.3700

Agreement by and Between  
Teamsters Local Union No. 205  
Representing  
Glassport Borough Public Works

and

The Borough of Glassport

January 1, 2015 through December 31, 2017

Life Ins. on retirement after age 60 if such  
retirement is due to total disability \$ 7,500.00

The Borough will provide a Sick & Accident benefit through Employer-Teamsters Local  
205 Welfare Fund in the amount of four hundred and fifty (\$450.00) dollars per week.

#### **ARTICLE NO. 15 - PENSION PLAN**

- A. The Employer to provide a pension program under the Western Pennsylvania Teamsters/Employers Pension Fund. Current Employer contribution is one hundred (\$100.00) dollars per week per employee. Effective January 1, 2017, the Employer will contribute one hundred and six (\$106.00) dollars per week per employee.

#### **ARTICLE NO. 16 - SICK LEAVE**

- A. Each employee shall receive ten (10) paid sick days during calendar year, which may be accumulated up to thirty (30) days. Employees may convert two (2) sick days to personal days, provided that the two (2) converted personal days be used as full days unless forty-eight (48) hours' notice is provided to the Employer, in which case they may be used as half days.
- B. If employee is off one or two days, he does not need a Doctor's Certificate in order to be paid. However, if he is off three days or more they must have a Doctor's Certificate in order to be paid for the first and second day.

#### **ARTICLE NO. 17 - UNEMPLOYMENT COMPENSATION COVERAGE**

- A. The Employer agrees to make the required contributions to the Unemployment Compensation Fund of the Commonwealth of Pennsylvania to cover all employees under this Agreement for benefits under the Unemployment Compensation Law.

#### **ARTICLE NO. 18 - OTHER BENEFITS**

- A. Any and all other additional benefits, prerogatives or substantial rights now enjoyed by and or given to the employees covered by this agreement under any laws of the Commonwealth of Pennsylvania, Ordinances of the Borough or by accepted past practices shall be continued.

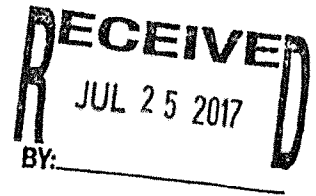
#### **ARTICLE NO. 19 - NON-DISCRIMINATION**

- A. In accordance with applicable law, the Employer and the Union agree not to discriminate against any individual with respect to hiring, compensation, terms or conditions of employment because of such individual's race, color, religion, sex, national origin, pregnancy, or age, nor will they limit segregate or classify employees in any way to deprive any individual employee of employment opportunities because of race, color, religion, sex, national origin, pregnancy or age.

1	1	2015	12	31	2015	W	94.3400	94.3400
1	1	2016	12	31	2016	W	100.0000	100.0000
1	1	2017	12	31	2017	W	106.0000	106.0000
1	1	2018	12	31	2018	W	112.3600	112.3600

NO  
SELECTION





FIVE YEAR CONTRACT

COVERING THE CALENDAR YEARS 2018 2019 2020 2021 2022

between

THE BOROUGH OF LEECHBURG, ARMSTRONG COUNTY, PENNSYLVANIA and LEECHBURG BOROUGH COUNCIL, their duly authorized representative, parties of the first part, hereinafter referred to as Employer,

and

THE MAINTENANCE EMPLOYEES OF LEECHBURG BOROUGH, ARMSTRONG COUNTY, PENNSYLVANIA, represented by LOCAL UNION NO. 538, WORTHINGTON, PENNSYLVANIA, parties of the second part, hereinafter referred to as the Union.

- C. An employee on jury duty shall be considered the same as being at work except for purposes of overtime.
- D. Pay under this section shall not exceed a standard work week.

**ARTICLE XII: BEREAVEMENT PAY**

- A. In case of death in the immediate family, three working (3) days, with pay if necessary, will be granted to regular employees at straight time rate. Immediate family is defined as husband, wife, children, parents, brother, sister, grandmother, grandfather, foster parent, mother-in-law, father-in-law, step-mother and step-father.
- B. In the event of death of a person living in the employee's household or any employee's brother-in-law or sister-in-law, one (1) day off with pay at straight time rate will be granted to regular employee's for the purpose of attending the funeral if it is scheduled during the employee's regular scheduled work day.
- C. Additional time, without pay, may be granted to employees in the event travel is required in order to attend the funeral of those mentioned above.

**ARTICLE XIII: SICK LEAVE**

Each employee will receive fifteen (15) days per year accumulating no more than one hundred and eighty (180) days sick leave cumulative total. After three (3) consecutive sick days they must present the borough with a Doctors excuse.

Once an employee has accumulated in excess of one hundred and eighty (180) sick days, the excess days may be sold back to the employer at the rate of thirty-three (33%) percent of their daily salary when the days are sold back to the employer.

**ARTICLE XIV: INSURANCE AND PENSION**

The insurance package consisting of Life Insurance, Employee Accidental Death & Dismemberment, Employee Weekly Disability, Hospitalization, Surgical, Medical, Diagnostic, Prescription Drug through Highmark Blue, Cross Blue Shield, United Concordia Dental, Vision Care offered through the Fund Office at the time of the

signing of this Agreement does have a scheduled premium. The Borough shall pay the monthly premium and any increases in premium over the life of the contract, per month. Nothing herein shall prevent the parties from obtaining comparable coverage from any insurance carrier.

Any employee hired after January 1, 2013 who under the terms of this Agreement qualifies for the benefits under this provision will be subject to negotiating his or her contribution to those stated benefits.

The Employer shall make pension contributions for each road crew employee covered under this Agreement to the Western Pennsylvania Teamsters and Employers Pension Fund. The contributions shall be as follows: \$700.00 per month for the year 2018; \$700.00 per month in 2019; \$700.00 per month in 2020; \$700.00 per month in 2021; \$700.00 per month in 2022. It is understood that if current State reimbursement for pension contributions shall terminate the Borough may ask to re-open this Agreement for pension only.

**ARTICLE XV: LEAVE OF ABSENCE**

- A. The Employer agrees to grant a leave of absence, without loss of seniority rights, and without pay, to any employee designated by the Union to serve in any capacity on official Union business. Such employee shall maintain and accrue seniority during his/her entire leave of absence, and shall have the right to return to the bargaining unit with full seniority. In the event that the leave of absence exceeds one (1) month, the employee must make suitable arrangements for a continuation of Health and Welfare Pension payments with the Employer.
- B. Each Union employee may be allowed, without loss of salary, a maximum of two (2) days each month for either emergency or personal business use, subject to the following regulations:
  - 1. Emergency days are provided to allow the absence due to family emergencies. The nature of a family emergency usually will prevent applying in advance, but reason for the excuse must be submitted upon return to work. Except in extreme emergency, the Employer should be notified in advance.
  - 2. Personal business days are provided to conduct urgent personal business which cannot be conducted at any other time except during work hours. A request for a personal business day must be submitted to the Employer, in advance, for his/her approval or rejection.

**WESTERN PENNSYLVANIA  
TEAMSTERS AND EMPLOYERS PENSION FUND**

49 AUTO WAY • PITTSBURGH, PA 15206-3663  
(412) 362-4200 • TOLL FREE (800) 362-4201 • FAX (412) 362-3133  
Email: [contactus@wpapensionfund.com](mailto:contactus@wpapensionfund.com) • WEBSITE: <http://www.wpapensionfund.com>

January 4, 2013

**REHABILITATION PLAN SELECTION OF SCHEDULES**

By execution of this form, the undersigned contributing employer and employee bargaining representative (the "Bargaining Parties"), acknowledge an agreement has been reached and ratified regarding the selection of a schedule of contribution and benefit structures offered under the Western Pennsylvania Teamsters and Employers Pension Fund's ("Pension Fund") Rehabilitation Plan.

The contribution rate increase/benefit structure alternatives available if selected in 2012 or if selected in 2013 are set forth below:

Please Select Either Preferred or Default Contribution and Benefit Structure			
COMPANY NAME:	Borough of Leechburg		
LOCAL UNION:	Local 538		
Fund Account Number(s)		PREFERRED SCHEDULE	DEFAULT SCHEDULE
2180		<input type="checkbox"/> 8% for 3 years (if first selected in 2012) 6% for next 2 years	<input type="checkbox"/> 11% for 3 years (if first selected in 2012) 8% for next 2 years
		<input type="checkbox"/> 10% for 3 years (if first selected in 2013) 6% for next 2 years	<input type="checkbox"/> 14% for 3 years (if first selected in 2013) 8% for next 2 years

Date of Ratification: 2/1/2013

By:

Employer

By:

Employee Representative

7/02/2018

EMPR0030

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND

EMPLOYER MASTER FILE - INQUIRY

F1 = COMMENTS

ENT.= CONTINUE

2180

538

1985

BOROUGH OF LEECHBURG

BERNICE ROBERTS

(MAINTENANCE)

260 MARKET STREET

LEECHBURG

PA 15656 1320

724 842 8511

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1 1 2016

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Collective Bargaining Agreement  
By and Between

**Borough of Port Vue**

*and*

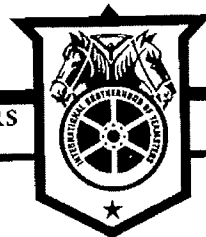
**Teamsters Local Union No. 205**  
*representing*

**Port Vue Borough  
Maintenance and Clerical Employees**

January 1, 2017 through December 31, 2020



AFFILIATED WITH THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS  
AND JOINT COUNCIL No. 40



**JOHN WINTERS**  
PRESIDENT/BUSINESS AGENT  
**KARAN RYMAROWICZ**  
VICE-PRESIDENT  
**EDWARD BOEHM**  
RECORDING SECRETARY/BUSINESS AGENT

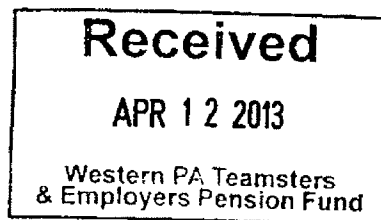
Service Personnel and Employees of the Dairy Industry  
**TEAMSTER LOCAL UNION No. 205**

**1184 LONG RUN ROAD**  
**WHITE OAK, PENNSYLVANIA 15131**  
**412-751-7988 - 1-888-751-7988 - FAX: 412-751-1590**

**CARL A. BAILEY**  
SECRETARY-TREASURER/PRINCIPAL OFFICER

**GLENN JOHNSTON**  
TRUSTEE  
**GLENN LYNN**  
TRUSTEE  
**DALLAS NELSON**  
TRUSTEE

Geri Talerico  
Western Pennsylvania Teamsters &  
Employers Pension Fund  
49 Auto Way  
Pittsburgh, PA 15206-0260



**RE: New Contract Pension Rates**

Dear Ms. Talerico:

Negotiations between Port Vue Borough and Teamsters Local Union No. 205 have been completed for the contract period January 1, 2013 through December 31, 2016

The contributions required to be made to the Pension Fund are as follows:

Month & Year	<u>1/1/13</u>	Rate	<u>\$ 83.31</u>
Month & Year	<u>1/1/14</u>	Rate	<u>\$ 88.31</u>
Month & Year	<u>1/1/15</u>	Rate	<u>\$ 93.61</u>
Month & Year	<u>1/1/16</u>	Rate	<u>\$ 99.29</u>

A copy of the new contract will be forwarded to your office as soon as possible. In the interim, please use the rates shown above for the monthly contribution invoices being sent to the Employer as of the effective dates indicated above.

John C. Winters, Business Agent

Union Representative

April 11, 2013  
Date

Employees shall contribute to the hospitalization program as follows:

January 1, 2017	1 % of base pay
January 1, 2018	2 % of base pay
January 1, 2019	3 % of base pay
January 1, 2020	3 % of base pay

\*All contributions towards healthcare shall be deducted on a pretax basis (125 Plan or equivalent.)

If the Borough desires to change health care plans during the term of this Agreement, the Borough shall notify the Union of their intent to change and shall provide coverage that is equal to or better than the UPMC EOP Option 5 Health Plan. Said plan shall cover children while attending college to age 25 and mentally retarded children regardless of age.

2. Employees on approved sick and accident leave shall be covered by the Hospital and Medical Program for a period of six (6) months. However, if any employee is on leave of absence due to an injury received on the job, he shall be covered by said hospitalization and medical program for a period of two (2) years.
  3. The Employer agrees to provide to all Bargaining Unit Members Dental and Vision coverage through the Employer-Teamsters Local 205 Welfare Fund. Said coverage shall be paid by the Employer in its entirety for the duration of this Agreement.
- B. Life Insurance: Employees covered by this Agreement shall be covered by term Life Insurance in the amount of Twenty-five Thousand (\$25,000.00) Dollars, effective January 1, 2004, and AD&D in the amount of Twenty-five Thousand (\$25,000.00) Dollars. The Employer's duty to provide term life insurance to any employee covered by this Agreement shall terminate upon such employee's termination of employment through retirement or any other reason. Said Insurance shall be purchased through the Employer-Teamsters Local 205 Health and Welfare Fund.

In addition to the term life insurance set forth herein above, the Employer shall provide a death benefit of Six Thousand Dollars (\$6,000.00) for every employee covered by this Agreement who retires on or after January 1, 2004, and which death benefit, at the option of the employee, can be in the form of paid up life insurance policy, self insurance, or any other manner of appropriate death benefit chosen by the Employer. This death benefit shall not be subject to the termination clause applicable to the term life insurance set forth herein above. Said Insurance shall be purchased through the Employer-Teamsters Local 205 Health and Welfare Fund.

- C. Pension Plan: The Borough of Port Vue shall make the required contributions per week for each employee covered by the Collective Bargaining Agreement to the Western Pennsylvania Teamsters and Employers Pension Fund. The contribution shall be made for



each week during the year, for each employee, even though such employee may work only part of the regular work week.

If an employee is absent because of illness or off the job injury, the Employer shall continue to make the required contribution for a period of twenty-four (24) months.

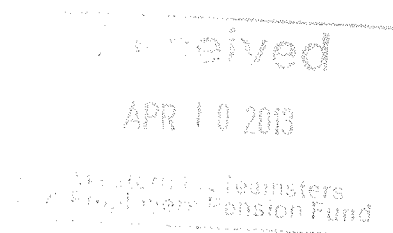
If an employee is injured on the job, the Employer shall continue to pay the required contribution until such employee returns to work.

#### **ARTICLE NO. 16 - SICK LEAVE**

- A. Each employee with one (1) year or more of service as of January 1 of each year, shall receive nine (9) days sick leave with pay each year. In the event any employee does not use his sick leave for such year by the end of the year, such unused sick leave shall be accumulated and carried over from year to year to a maximum of thirty-five (35) days, with the provision that the employees' beneficiary shall be paid the prevailing wage rate for unused sick leave up to thirty-five (35) days upon death while in service.
- B. Employees who have accumulated unused sick leave days as of the date of this Agreement shall continue to be entitled to them, and shall use same before using sick leave days for the current year.
- C. Each employee, after being absent from his regular employment for more than two (2) days, must present to the Borough Secretary, a doctor's report verifying and setting forth the reasons for such absence, if required by the Employer.
- D. Employees covered by the Agreement shall be provided with Sick and Accident benefits in the amount of two-thirds (2/3) employees' weekly wages, for a maximum of twenty-six (26) weeks. Sick benefits will not be paid the first seven (7) days of any sickness unless such sickness necessitates hospitalization. The employees will not be entitled to receive concurrently sick leave pay as herein above provided and sick and accident benefits as herein provided; or will sick and accident benefits herein provided be paid concurrently with vacation benefits herein above provided.
- E. Abuse of Sick Leave Policy: Absent a true medical emergency situation as evidenced by a doctor's excuse, employees shall not "abuse" the sick time policy.

Abuse shall be defined as taking days off when the employee 1) does not have sick time left and is taking time off unpaid; and 2) sick time is taken in a non-medical emergency situation.

Additionally, abuse of this policy may occur when an employee is engaging in a repeated pattern of missing work without available sick time and without a doctor's excuse indicating a true medical emergency.



## 2010 REHABILITATION PLAN SELECTION FORM

By execution of this form, the undersigned contributing employer and employee bargaining representative (the "Bargaining Parties"), acknowledge their understanding and agree that the annual rate increases owed to the Western Pennsylvania Teamsters and Employers Pension Fund ("Pension Fund") on behalf of employees covered under one or more collective bargaining agreements or participation agreements determine the benefit structure for benefits as described in the Pension Fund's 2010 Rehabilitation Plan.

The Bargaining Parties acknowledge that a copy of the 2010 Rehabilitation Plan has been provided and that they are aware that it sets forth two alternative schedules of contribution and benefit structures, one of which must be selected by the Bargaining Parties when collective bargaining agreements and participation agreements come up for renewal. It also provides for benefit structures which apply in the interim period prior to renewal.

The Bargaining Parties acknowledge their understanding that the "**Preferred Schedule**" will be deemed to apply to pending agreements which already have a six (6%) percent annual contribution increase in place by the end of 2011. For existing agreements which do not provide for a six (6%) percent contribution increase beginning in 2011, if checked below, the Bargaining Parties hereby agree that the contribution obligation stated in the applicable collective bargaining agreement is amended, effective on the anniversary date of that agreement, by such amount as is necessary to comply with the annual six (6%) percent requirement set forth in the 2010 Rehabilitation Plan. (*Note that if compliance with the Rehabilitation Plan is delayed past 2011, greater contribution increases will be required for selection of the Preferred Schedule in 2012 (8%), 2013 (10%) or 2014 (12%).*)

If checked below, the Bargaining Parties can select the "**Default Schedule**"; however, if selected in 2011, annual contribution increases of eight (8%) are required. Greater increases apply if the Default Schedule is first selected or imposed in 2012 (11%), 2013 (14%) or 2014 (17%).

The Bargaining Parties may choose to retain an existing contribution structure which does not provide for annual six (6%) percent contribution increases for the remaining term of a pending collective bargaining agreement which does not expire in 2011. However, by indicating "**No Change**" on this form, the Bargaining Parties acknowledge their understanding that the 2010 Rehabilitation Plan provides that for service earned after February 1, 2011, Unit Multipliers will be reduced by 50% until the pending collective bargaining agreement is renewed and one of the applicable schedules is selected or imposed.

Verification of Contribution and Benefit Structures				
COMPANY NAME:	Borough of Port Vue			
LOCAL UNION:	Local 205			
Fund Account Number(s)		PREFERRED SCHEDULE	DEFAULT SCHEDULE	NO CHANGE
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dated: 4-9-13

By: \_\_\_\_\_  
Employer

By: \_\_\_\_\_  
Employee Representative

7/02/2018

EMPR0030

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND

EMPLOYER MASTER FILE - INQUIRY

F1 = COMMENTS

ENT.= CONTINUE

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BOROUGH OF PORT VUE

MALISA MIGLIORI

1191 ROMINE AVENUE

PORT VUE

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DATE	DATE	DATE	DATE	DATE	DATE
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1 1 2016	12 31 2016	W	99.2900	99.2900	
1 1 2017	12 31 2017	W	105.2500	105.2500	
1 1 2018	12 31 2018	W	111.5700	111.5700	

2295/585

AGREEMENT  
BETWEEN  
BOROUGH OF SPEERS  
AND  
TEAMSTERS LOCAL UNION #585

EFFECTIVE DATE: JULY 1, 2015

EXPIRATION DATE: JUNE 30, 2020

if the Employee is off work more than two (2) consecutive days for sick leave.

C. Employees will be permitted to accumulate sick days as defined in section A. Compensation for unused sick leave will be paid at retirement or termination of employment for voluntary reasons to a maximum of thirty (30) days at twenty-five dollars (\$25.00) per unused day. No compensation will be paid if the reason for leaving is due to involuntary termination for just cause.

#### **XVI. PENSION**

A. The Employer agrees to enroll the Employees into the W. PA Teamsters and Employers Pension Fund. The Employer will contribute an additional six percent (6%) per week of the contribution in effect each year of the agreement for each employee into the W. PA Teamsters and Employers Pension Fund to maintain the current benefit levels.

July 1, 2015	\$112.78
July 1, 2016	\$119.55
July 1, 2017	\$126.72
July 1, 2018	\$134.32
July 1, 2019	\$142.38

This contribution would be from the state grant received and the balance from general revenues of the Borough. The Borough will contribute for each Employee an amount equal to the present contributions subject to the Pension clause being reopened if the State contribution is reduced or eliminated.

B. Employees will be afforded the opportunity to direct their accrued pension amounts in the manner of their choice following ratification of the agreement.

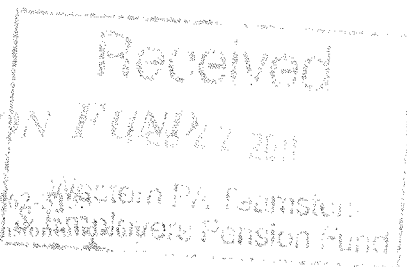
#### **XVII. NON-DISCRIMINATION**

A. In accordance with applicable law, the Borough and the Union agree not to discriminate against any qualified individual with respect to hiring, compensation, terms or conditions of employment because of such individuals race, color, religion, sex, national origin, pregnancy, age or disability, nor will they limit, segregate, or classify Employees in any way to deprive any qualified individual Employee of employment opportunities because of race, color, religion, sex, national origin, pregnancy, age or disability.

The Employer and the Union agree that there will be no discrimination by the Employer or the Union against any Employee because of his or

**WESTERN PENNSYLVANIA  
TEAMSTERS AND EMPLOYERS PENSION FUND**

49 ALCO WAY • PITTSBURGH, PA 15206-3663  
(412) 362-4200 • TOLL FREE (800) 362-4201 • FAX (412) 362-4118  
E-mail: [contactus@wppapensionfund.com](mailto:contactus@wppapensionfund.com) • Website: <http://www.wppapensionfund.com>



**2010 REHABILITATION PLAN SELECTION FORM**

By execution of this form, the undersigned contributing employer and employee bargaining representative (the "Bargaining Parties"), acknowledge their understanding and agree that the annual rate increases owed to the Western Pennsylvania Teamsters and Employers Pension Fund ("Pension Fund") on behalf of employees covered under one or more collective bargaining agreements or participation agreements determine the benefit structure for benefits as described in the Pension Fund's 2010 Rehabilitation Plan.

The Bargaining Parties acknowledge that a copy of the 2010 Rehabilitation Plan has been provided and that they are aware that it sets forth two alternative schedules of contribution and benefit structures, one of which must be selected by the Bargaining Parties when collective bargaining agreements and participation agreements come up for renewal. It also provides for benefit structures which apply in the interim period prior to renewal.

The Bargaining Parties acknowledge their understanding that the **"Preferred Schedule"** will be deemed to apply to pending agreements which already have a six (6%) percent annual contribution increase in place by the end of 2011. For existing agreements which do not provide for a six (6%) percent contribution increase beginning in 2011, if checked below, the Bargaining Parties hereby agree that the contribution obligation stated in the applicable collective bargaining agreement is amended, effective on the anniversary date of that agreement, by such amount as is necessary to comply with the annual six (6%) percent requirement set forth in the 2010 Rehabilitation Plan. (Note that if compliance with the Rehabilitation Plan is delayed past 2011, greater contribution increases will be required for selection of the Preferred Schedule in 2012 (8%), 2013 (10%) or 2014 (12%).)

If checked below, the Bargaining Parties can select the **"Default Schedule"**; however, if selected in 2011, annual contribution increases of eight (8%) are required. Greater increases apply if the Default Schedule is first selected or imposed in 2012 (11%), 2013 (14%) or 2014 (17%).

The Bargaining Parties may choose to retain an existing contribution structure which does not provide for annual six (6%) percent contribution increases for the remaining term of a pending collective bargaining agreement which does not expire in 2011. However, by indicating **"No Change"** on this form, the Bargaining Parties acknowledge their understanding that the 2010 Rehabilitation Plan provides that for service earned after February 1, 2011, Unit Multipliers will be reduced by 50% until the pending collective bargaining agreement is renewed and one of the applicable schedules is selected or imposed.

Verification of Contribution and Benefit Structures			
COMPANY NAME:	Borough of Speers		
LOCAL UNION:	585		
Fund Account Number(s)		PREFERRED SCHEDULE	DEFAULT SCHEDULE
2295		<input checked="" type="checkbox"/>	<input type="checkbox"/>
			NO CHANGE
			<input type="checkbox"/>

Dated: 2/9/2011 By: \_\_\_\_\_

Employer

By: \_\_\_\_\_

Employee Representative

6/27/2017

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND

F1 = COMMENTS

EMPR0030

EMPLOYER MASTER FILE - INQUIRY

ENT.= CONTINUE

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BOROUGH OF SPEERS

HELEN CUNNINGHAM

300 PHILLIPS STREET

CHARLEROI

PA 15022

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MEM.	RET. DATE	LAST PAY	W	E/A RATE	LAST PAY
1.	7 1 2015	6 30 2016	W	112.7700	112.7700
2.	7 1 2016	6 30 2017	W	119.5500	119.5500
3.	7 1 2017	6 30 2018	W	126.7200	126.7200
4.	7 1 2018	6 30 2019	W	134.3200	134.3200

# **AGREEMENT**

**BETWEEN**

**SWISSVALE BOROUGH,  
ALLEGHENY COUNTY**

**HEREINAFTER REFERRED TO AS THE  
“EMPLOYER”**

**AND**

**TURNPIKE, SOFT DRINK, BEER  
DISTRIBUTOR AND MISCELLANEOUS  
SERVICE EMPLOYEE, LOCAL UNION #250  
OF PITTSBURGH, PENNSYLVANIA**

**DECEMBER 1, 2014 - DECEMBER 31, 2019**



D. Eye and Dental

Effective January 1, 2002 employees will receive an eye and dental coverage program at no cost to the employee, which shall be comparable to existing coverage.

E. Uniforms

The Borough will provide all employees with any required uniform at the Borough's expense. Steel-toed work boots must be worn and the Borough will reimburse \$50 per year to each employee with receipt. Work boots will be the responsibility of the employee. In lieu of uniforms, the Borough may provide identification badges to the employees.

Employees hired after January 1, 1987, who are scheduled to work less than forty (40) hours per week, shall not receive fringe benefits.

**XVII. PENSION**

A. The Employer shall contribute to the Western Pennsylvania Teamsters and Employers Pension Fund the sum shown below per week for each regular employee (excluding summer and temporary employees) covered by this Agreement who have been on the payroll sixty (60) days or more.

**January 1, 2015\*\***

One Hundred Fifty Two Dollars and 57 Cents (\$152.57) per week, per employee

**January 1, 2016\*\***

One Hundred Sixty One Dollars and 72 Cents (\$161.72) per week, per employee

**January 1, 2017\*\***

One Hundred Seventy One Dollars and 42 Cents (\$171.42) per week, per employee

**January 1, 2018\*\***

One Hundred Eighty One Dollars and 71 Cents (\$181.71) per week, per employee

**January 1, 2019\*\***

One Hundred Ninety Two dollars and 61 Cents (\$192.61) per week, per employee

**\*\* Unless otherwise mandated by Pension Protection Act**

Should any legislation be enacted which requires the Borough to provide for a pension for its employees covered by this Agreement, then the Employer shall no longer be obligated to pay into the Teamsters Pension Fund unless the parties mutually agree to continue to do so.

The purpose of this paragraph is to insure that the Borough is not required to pay double pension contributions should state or Federal Law require them to provide a pension for its employees covered by this Agreement. Should there be any mandatory pension legislation which requires a contribution less than twenty dollars (\$20) per week, the parties agree to pay the difference to the men in their pay envelope or make other suitable mutual arrangements.

*WESTERN PENNSYLVANIA  
TEAMSTERS AND EMPLOYERS PENSION FUND*

49 AUTO WAY • PITTSBURGH, PA 15206-3663  
(412) 362-4200 • TOLL FREE (800) 362-4201 • FAX (412) 362-3133  
EMAIL: [contactus@wpapensionfund.com](mailto:contactus@wpapensionfund.com) • WEBSITE: <http://www.wpapensionfund.com>

**2010 REHABILITATION PLAN SELECTION FORM**

By execution of this form, the undersigned contributing employer and employee bargaining representative (the "Bargaining Parties"), acknowledge their understanding and agree that the annual rate increases owed to the Western Pennsylvania Teamsters and Employers Pension Fund ("Pension Fund") on behalf of employees covered under one or more collective bargaining agreements or participation agreements determine the benefit structure for benefits as described in the Pension Fund's 2010 Rehabilitation Plan.

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If checked below, the Bargaining Parties can select the "Default Schedule"; however, if selected in 2011, annual contribution increases of eight (8%) are required. Greater increases apply if the Default Schedule is first selected or imposed in 2012 (11%), 2013 (14%) or 2014 (17%).

The Bargaining Parties may choose to retain an existing contribution structure which does not provide for annual six (6%) percent contribution increases for the remaining term of a pending collective bargaining agreement which does not expire in 2011. However, by indicating "No Change" on this form, the Bargaining Parties acknowledge their understanding that the 2010 Rehabilitation Plan provides that for service earned after February 1, 2011, Unit Multipliers will be reduced by 50% until the pending collective bargaining agreement is renewed and one of the applicable schedules is selected or imposed.

Verification of Contribution and Benefit Structures				
COMPANY NAME:	Borough of Swissvale			
LOCAL UNION:	250			
Fund Account Number(s)				
1501		PREFERRED SCHEDULE	DEFAULT SCHEDULE	NO CHANGE
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dated: 8/28/2009

By:   
Employer

By: \_\_\_\_\_  
Employee Representative

7/02/2018

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND

F1 = COMMENTS

EMPR0030

EMPLOYER MASTER FILE - INQUIRY

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2017

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W

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## APPENDIX A-4

### LETTER OF AGREEMENT DATED July 15, 2013 BETWEEN HARSCO INFRASTRUCTURE AMERICAS AND GENERAL TEAMSTERS LOCAL UNION 249

This letter of agreement extends the collective bargaining agreement between Harsco Infrastructure Americas and the general Teamsters Local Union 249 that was in effect from April 1, 2005 thru March 31, 2008. All conditions and language of the current agreement shall remain unchanged, except for changes mutually agreed upon in Appendix A-1, dated April 2008, A-2 dated April 14, 2011, and A-3 dated March 30, 2012 which are also incorporated into this agreement.

1. RE: Article XIII – Duration of Agreement

The new effective date shall be April 1, 2013 and the Agreement shall continue until midnight, March 31, 2016.

2. RE: Article VI – Wage Rates – Section 1

Article VII – Special Payments – Section 5 & 6

The following is the total package increase as described below.

(All increases shown in \$/hour)

Effective Date	Pension	Health & Welfare	Wage	Total
April 1, 2013	.43	.32	.35	1.10
April 1, 2014	.45	.32	.35	1.12
April 1, 2015	.48	.32	.20	1.00

Please note that the annual total package increase is as shown above for wage, health and welfare, and pension and may be allocated at the discretion of the Teamster bargaining unit with the following conditions:

1. Any amount allocated to health and welfare or pension shall be based on 2080 hours per year, and calculated as a monthly increase as it relates to health and welfare (based on \$/hour x 2080 hours/12 months) and a weekly increase as it relates to pension (based on \$/hour x 2080 hours/52 weeks).

3. Article VII – Special Payments

Add Section 9 – The Employer agrees that if the employees' paychecks are not made available to the employees by 4:15 pm on the designated payday, each affected employee shall receive \$10.00 for each 24 hour period paychecks are not made available. Both parties agree that language in this section will take effect on 9/1/2013. Both parties also agree that this special payment will be waived on a two (2) times per year, if this condition arises, and also agree to waive this provision in the case of inclement weather, illness or other acts of God affecting payroll processing.

This section will in no way preclude the employer from adopting and implementing direct deposit, pay cards or other automated payroll processes in the future.

# WESTERN PENNSYLVANIA TEAMSTERS AND EMPLOYERS PENSION FUND

49 AUTO WAY • PITTSBURGH, PA 15206-3668  
(412) 362-4200 • TOLL FREE (800) 362-4201 • FAX (412) 362-3135  
EMAIL: [contactus@wpapensionfund.com](mailto:contactus@wpapensionfund.com) • WEBSITE: <http://www.wpapensionfund.com>

**Received**  
**APR 03 2012**  
Western PA Teamsters  
& Employers Pension Fund

## 2010 REHABILITATION PLAN SELECTION FORM

By execution of this form, the undersigned contributing employer and employee bargaining representative (the "Bargaining Parties"), acknowledge their understanding and agree that the annual rate increases owed to the Western Pennsylvania Teamsters and Employers Pension Fund ("Pension Fund") on behalf of employees covered under one or more collective bargaining agreements or participation agreements determine the benefit structure for benefits as described in the Pension Fund's 2010 Rehabilitation Plan.

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Verification of Contribution and Benefit Increases			
COMPANY NAME:	Harsco Infrastructure		
LOCAL UNION:	249		
Fund Account Number(s)			
1703		PREFERRED SCHEDULE	DEFAULT SCHEDULE
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Dated: 4/3/12

By:

Employer

By:

Employee Representative

7/02/2018

EMPR0030

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND

EMPLOYER MASTER FILE - INQUIRY

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BRAND ENERGY SERVICES

WILLIAM HALL

LLC

111 THOMPSON ROAD

CULLODEN WV 25510

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HARSCO

NOVEMBER 1, 2013 - OCTOBER 31, 2018

COLLECTIVE BARGAINING AGREEMENT

BETWEEN

BUDGET RENT A CAR SYSTEM, INC.

AND

AUTOMOTIVE CHAUFFEURS, PARTS, GARAGE  
AND AIRLINE EMPLOYEES,  
LOCAL UNION NO. 926

**ARTICLE 21**  
**PENSION PLAN**

21.1 The Employer will continue to make contributions on behalf of eligible employees to the Western PA Teamsters and Employer Pension Fund. Effective November 1, 2013, the parties have agreed to the Preferred Schedule of the 2013 Rehabilitation Plan established by the Trustees and will make weekly contributions as follows:

<u>11/1/13</u>	<u>11/1/14</u>	<u>11/1/15</u>	<u>11/1/16</u>	<u>11/1/17</u>
\$43.49/wk	\$46.10/wk	\$48.87/wk	\$51.80/wk	\$54.91/wk

The payments will be made on a monthly basis to the Western PA Teamsters & Employers Pension Fund.

21.2 The Employer shall make available to eligible employees its AB Car Rental Services Voluntary Investment Savings Plan for Bargaining Unit employees. The Plan is solely authored by the Employer who is held free to modify, add to, delete from or discontinue this Plan in its entirety.

**ARTICLE 22**  
**HOURLY RATES**

22.1 WAGES: Service Agents, Customer Service Representatives and Rapid Return Agents:

- (a) Employees out of wage progression will receive the following wage increases to his/her base hourly rate on the dates set forth below:

<u>11/1/13</u>	<u>11/1/14</u>	<u>11/1/15</u>	<u>11/1/16</u>	<u>11/1/17</u>
\$0.50	\$0.50	\$0.50	\$0.45	\$0.45

- (b) Service Agents, Customer Service Representatives and Rapid Return Agents With less than two (2) years of service as of November 1, 2013 or hired thereafter will be subject to the following wage progressions:

Start:	\$10.00
6 months:	\$10.25
12 months:	\$10.50
18 months:	\$10.75
24 months:	\$11.00

- (c) Those employees designated as leads shall receive a premium of \$1.00 above his/her base hourly rate.
- (d) Those employees working in excess of twelve (12) hours in a workday will be granted an additional paid one half (1/2) hour lunch period without any additional work requirement.



# WESTERN PENNSYLVANIA TEAMSTERS AND EMPLOYERS PENSION FUND

49 AUTO WAY • PITTSBURGH, PA 15206-3663  
(412) 362-4200 • TOLL FREE (800) 362-4201 • FAX (412) 362-3133  
EMAIL: contactus@wpapensionfund.com • WEBSITE: <http://www.wpapensionfund.com>

## 2010 REHABILITATION PLAN SELECTION FORM


By execution of this form, the undersigned contributing employer and employee bargaining representative (the "Bargaining Parties"), acknowledge their understanding and agree that the annual rate increases owed to the Western Pennsylvania Teamsters and Employers Pension Fund ("Pension Fund") on behalf of employees covered under one or more collective bargaining agreements or participation agreements determine the benefit structure for benefits as described in the Pension Fund's 2010 Rehabilitation Plan.

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The Bargaining Parties acknowledge their understanding that the "**Preferred Schedule**" will be deemed to apply to pending agreements which already have a six (6%) percent annual contribution increase in place by the end of 2011. For existing agreements which do not provide for a six (6%) percent contribution increase beginning in 2011, if checked below, the Bargaining Parties hereby agree that the contribution obligation stated in the applicable collective bargaining agreement is amended, effective on the anniversary date of that agreement, by such amount as is necessary to comply with the annual six (6%) percent requirement set forth in the 2010 Rehabilitation Plan. (Note that if compliance with the Rehabilitation Plan is delayed past 2011, greater contribution increases will be required for selection of the Preferred Schedule in 2012 (8%), 2013 (10%) or 2014 (12%).)

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The Bargaining Parties may choose to retain an existing contribution structure which does not provide for annual six (6%) percent contribution increases for the remaining term of a pending collective bargaining agreement which does not expire in 2011. However, by indicating "**No Change**" on this form, the Bargaining Parties acknowledge their understanding that the 2010 Rehabilitation Plan provides that for service earned after February 1, 2011, Unit Multipliers will be reduced by 50% until the pending collective bargaining agreement is renewed and one of the applicable schedules is selected or imposed.

Verification of Contribution and Benefit Structures				
COMPANY NAME:	Budget Rent A Car			
LOCAL UNION:	926			
Fund Account Number(s)				
2203		PREFERRED SCHEDULE	DEFAULT SCHEDULE	NO CHANGE
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dated: 8/11/11

By: 

Employer

By: 

Employee Representative

Aiko D. Bunn

7/02/2018

EMPR0030

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND

EMPLOYER MASTER FILE - INQUIRY

F1 = COMMENTS

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2203

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BUDGET RENT A CAR

JACKIE CORI

JACLYN C CORI, SENIOR

BENEFITS ANALYST

6 SYLVAN WAY

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11	1	2015	10 31 2016	W	48.8700	48.8700
11	1	2016	10 31 2017	W	51.8000	51.8000
11	1	2017	10 31 2018	W	54.9100	54.9100

COLLECTIVE BARGAINING AGREEMENT

between

BUNZL PITTSBURGH

and

INTERNATIONAL BROTHERHOOD OF TEAMSTERS,  
TEAMSTERS LOCAL UNION NO. 249

FEBRUARY 1, 2017 through JANUARY 31, 2022

deducted pre-tax from the employee's regular pay. Overtime shall be paid on the basis of total hourly pay set out in Article 2, Section 3 above.

Affordable Care Act Provision – If coverage under the fund fails to constitute the offer of minimum value and affordable coverage to all full-time employees covered by this Agreement, then, at Employer's election, (i) its obligation to contribute to the Fund shall terminate and it shall provide coverage to such employees under a medical plan or policy of the Employer that does constitute minimum value and affordable coverage, or (ii) reopen this Agreement for bargaining. In the event the Employer reopens this Agreement; it must do so with an effective date for the re-opener at least 60 but no more than 90 days prior to the effective date of the event giving rise to the re-opener. If the parties are unable to reach an agreement, the Union and the Company will be able to engage in economic action i.e. strike/lock-out.

(2) Pension. Effective February 1, 2017, the Employer shall contribute Two Hundred and Eighty Dollars and Forty Five Cents (\$280.45) per week for each regular Company employee to the Western Pennsylvania Teamsters and Employers Pension Fund. On February 1 of each subsequent year of the contract, the Employer will contribute an additional six percent (6%) increase into the Western Pennsylvania Teamsters and Employers Pension Fund.

Pension Reopener Language: Each year of the term of the Contract, the Employer may, upon giving at least ninety (90) calendar days' written notice, enter into discussions with the Union regarding the status of the Company's continued participation in the Pension Plan.

In the event that the Company informs the Union during said discussions that the Company will withdraw from the Pension Plan, the parties shall immediately enter into negotiations solely and exclusively for the purpose of negotiating the terms of an alternate retirement benefit for the remainder of the term of the Contract. If the parties reach agreement on the sole subject listed herein, the parties shall modify this Contract to incorporate said terms. The sole purpose of negotiations is to establish a new retirement benefit plan which will resolve any effects caused by the withdrawal. Should the parties be unable to reach agreement on an alternate retirement benefit, either party may engage in economic recourse (i.e. strike, lockout, etc.) commencing on or after the 91st day from the written notice. The Company is aware that withdrawal may trigger withdrawal liability. If it does, the amount of withdrawal and the method of payment will be a matter to be resolved solely between the Pension Plan and the Company.

In the event that the Company determines not to withdraw from the Pension Plan, then the notice shall not be effective to reopen the Contract. The parties may undertake discussions to consider alternatives, but such discussions shall not have the effect of reopening the Contract

(3) Benefits During Layoff. Regular employees on a layoff status who work eighty (80) hours during the previous month shall be eligible for Health and Welfare and Pension funds, paid by the Employer, for the current month. If an employee is absent because of layoff, the Employer shall continue to make the required contributions for the Health and Welfare and Pension Funds for a period of three (3) months. If the employee is not working because he has an injury off the job (non-compensable) or because of sickness and notifies the Employer of such absence, the Employer shall continue to pay the required contribution for benefits for a period of

Received

MAR 03 2011

Western PA Teamsters  
& Employers Pension Fund

## WESTERN PENNSYLVANIA

## TEAMSTERS AND EMPLOYERS PENSION FUND

49 AUTO WAY • PITTSBURGH, PA 15206-3663

(412) 362-4200 • TOLL FREE (800) 362-4201 • FAX (412) 362-3133

Email: [contactus@wpapensionfund.com](mailto:contactus@wpapensionfund.com) • WEBSITE: <http://www.wpapensionfund.com>

Received

JAN 13 2011

Western PA Teamsters  
& Employers Pension Fund

## 2010 REHABILITATION PLAN SELECTION FORM

By execution of this form, the undersigned contributing employer and employee bargaining representative (the "Bargaining Parties"), acknowledge their understanding and agree that the annual rate increases owed to the Western Pennsylvania Teamsters and Employers Pension Fund ("Pension Fund") on behalf of employees covered under one or more collective bargaining agreements or participation agreements determine the benefit structure for benefits as described in the Pension Fund's 2010 Rehabilitation Plan.

The Bargaining Parties acknowledge that a copy of the 2010 Rehabilitation Plan has been provided and that they are aware that it sets forth two alternative schedules of contribution and benefit structures, one of which must be selected by the Bargaining Parties when collective bargaining agreements and participation agreements come up for renewal. It also provides for benefit structures which apply in the interim period prior to renewal.

The Bargaining Parties acknowledge their understanding that the "Preferred Schedule" will be deemed to apply to pending agreements which already have a six (6%) percent annual contribution increase in place by the end of 2011. For existing agreements which do not provide for a six (6%) percent contribution increase beginning in 2011, if checked below, the Bargaining Parties hereby agree that the contribution obligation stated in the applicable collective bargaining agreement is amended, effective on the anniversary date of that agreement, by such amount as is necessary to comply with the annual six (6%) percent requirement set forth in the 2010 Rehabilitation Plan. (Note that if compliance with the Rehabilitation Plan is delayed past 2011, greater contribution increases will be required for selection of the Preferred Schedule in 2012 (8%), 2013 (10%) or 2014 (12%).)

If checked below, the Bargaining Parties can select the "Default Schedule"; however, if selected in 2011, annual contribution increases of eight (8%) are required. Greater increases apply if the Default Schedule is first selected or imposed in 2012 (11%), 2013 (14%) or 2014 (17%).

The Bargaining Parties may choose to retain an existing contribution structure which does not provide for annual six (6%) percent contribution increases for the remaining term of a pending collective bargaining agreement which does not expire in 2011. However, by indicating "No Change" on this form, the Bargaining Parties acknowledge their understanding that the 2010 Rehabilitation Plan provides that for service earned after February 1, 2011, Unit Multipliers will be reduced by 50% until the pending collective bargaining agreement is renewed and one of the applicable schedules is selected or imposed.

Verification of Contribution and Benefit Structures				
COMPANY NAME:	Buntz Mid-Atlantic Region			
LOCAL UNION:	249			
Fund Account Number(s)				
1514		PREFERRED SCHEDULE	DEFAULT SCHEDULE	NO CHANGE
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> *

Dated: 1/8/11

By:

Employer

By:

Employee Representative

\* The current CBA between Buntz Local 249 already complies with the Preferred Schedule.

D.S.L.

000000 10

7/02/2018

EMPR0030

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND

EMPLOYER MASTER FILE - INQUIRY

F1 = COMMENTS

ENT.= CONTINUE

1514

249

1514

BUNZL MIDATLANTIC REGION

TYSHA RODRIGUEZ

ATTN: TYSHA RODRIGUEZ

REGIONAL HR ADMINISTRATOR

2301 LUNT AVENUE

ELK GROVE VLG IL 60007

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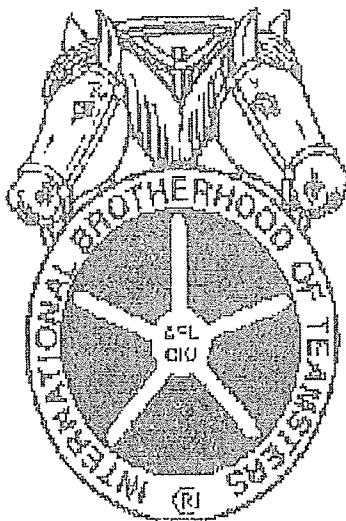
280.4400

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2318

LABOR AGREEMENT  
BETWEEN  
C&C CONCRETE D/B/A  
DONALDSON SUPPLY COMPANY  
AND  
GENERAL TEAMSTERS  
LOCAL UNION #585

JULY 1 2015 THROUGH JUNE 30, 2019



rate of time and one-half (1 1/2) in addition to eight (8) hours pay as above. Employees required to work on the Saturday prior to Labor Day shall receive double time pay for all hours worked that day.

(c) Employee must work his last scheduled day before the holiday and his first scheduled day after the holiday. However, the employee will be paid if his last scheduled day or first scheduled day after the holiday is an excused absence, due to layoff, or by mutual agreement between the Employer and Employee. In addition, the employee may submit proof of illness and receive holiday pay.

#### ARTICLE VII

Upon receipt of authorization signed by the employees, in accordance with the labor Management Relations Act of 1947, the Employer agrees to deduct monthly dues and pay same to the Union.

#### ARTICLE VIII

In the event of a death of a member of the employee's family, a regular employee shall be allowed a reasonable time off, not to exceed four (4) days and will be reimbursed eight (8) times his straight time hourly rate for each day lost from work. Members of the employee's family includes husband, wife, child, parent, foster parent, brother and sister. (Mother-in-law and father-in-law the day of the funeral only).

#### ARTICLE IX

X The Employer shall contribute to the Western PA. Teamsters & Employers Pension Fund in accordance with the Schedule of Contributions required to meet the obligation of the preferred rehabilitation plan the Fund has in place for each regular employee who has completed their ninety (90) day probationary period. X

This Fund shall be the Western Pennsylvania Teamsters & Employers Pension Fund. There shall be no other Pension Fund under this contract for operations under this contract or for operations to which Employers who are party to this contract are also parties.

By the execution of the Agreement, the Employer authorizes the Employers Association which are parties hereto to enter into appropriate trust agreements necessary for the administration of such fund, and to designate the Employer Trustees under such Agreement, hereby waiving all notice thereof and ratifying all actions already taken or to be taken by such Trustees within the scope of their authority.

If an employee is absent because of illness or off-the-job injury and notifies the Employer of such absence, the Employer shall continue to make the required contributions for a period of four (4) weeks. If any employee is injured on the job, the



WESTERN PENNSYLVANIA  
TEAMSTERS AND EMPLOYERS PENSION FUND

49 ALTO WAY • PITTSBURGH, PA 15206-3663  
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E-MAIL: [contactus@wypensionfund.com](mailto:contactus@wypensionfund.com) • WEBSITE: <http://www.wypensionfund.com>

Received

JAN 21 2011

2010 REHABILITATION PLAN SELECTION FORM

Western PA Teamsters  
& Employers Pension Fund

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Verification of Contribution and Benefit Structures				
COMPANY NAME:	C&C Concrete			
LOCAL UNION:	D/B/A Donaldson Supply Co.			
	585			
	Fund Account Number(s)			
2318		PREFERRED SCHEDULE	DEFAULT SCHEDULE	NO CHANGE
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dated: 1/11/11

By:

Employer

By:

Employee Representative

7/02/2018

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND

F1 = COMMENTS

EMPR0030

EMPLOYER MASTER FILE - INQUIRY

ENT.= CONTINUE

2318

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C & C CONCRETE

BONNIE

D/B/A DONALDSON SUPPLY CO

40 MURDOCK STREET

CANONSBURG

PA 15317

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DATE	START DATE	END DATE	WEEK	W/P RATE	W/P RATE
7 1 2015	6 30 2016	W	112.4000	112.4000	
7 1 2016	6 30 2017	W	119.1500	119.1500	
7 1 2017	6 30 2018	W	126.3000	126.3000	
7 1 2018	6 30 2019	W	133.8800	133.8800	



**COLLECTIVE BARGAINING AGREEMENT**

**BETWEEN**

**TEAMSTERS AUTOMOTIVE CHAUFFEURS, PARTS, GARAGE, OFFICE  
CLERICAL, AIRLINE, HEALTHCARE, PETROLEUM INDUSTRY, PRODUCE,  
BAKERY AND INDUSTRIAL WORKERS, WITHIN WESTERN  
PENNSYLVANIA AND JOINT COUNCIL #40, LOCAL UNION NO. 926,  
AFFILIATED WITH INTERNATIONAL BROTHERHOOD OF TEAMSTERS**

**AND**

**CELLONE BAKERY, INC.**

**EFFECTIVE SEPTEMBER 1, 2015 to MARCH 1, 2019**

**“WEINGARTEN RIGHTS”**

**(UNION REPRESENTATION DURING INVESTIGATORY INTERVIEWS)**

**IF CALLED TO MEETING WITH MANAGEMENT, READ THE FOLLOWING TO  
MANAGEMENT:**

***“IF THIS DISCUSSION COULD IN ANY WAY LEAD TO MY BEING DISCIPLINED OR  
TERMINATED, OR AFFECT MY PERSONAL WORKING CONDITIONS, I RESPECTFULLY  
REQUEST THAT MY UNION REPRESENTATIVE, OFFICER OR STEWARD BE PRESENT AT  
THIS MEETING. WITHOUT REPRESENTATION PRESENT, I CHOOSE NOT TO  
PARTICIPATE IN THIS DISCUSSION.”***

## ARTICLE 17 PENSION

### Section 1:

The Employer shall contribute to the Western Pennsylvania Teamsters and Employers Pension Fund for each employee for whom the Union is the collective bargaining representative, who is covered by this Agreement, has been in the employ of the Employer for at least thirty (30) days and has worked three (3) or more days in a given week. Any day for which an employee receives compensation from the Employer shall be considered a day worked.

- The contribution rate into the Pension Fund is currently two hundred twenty-two dollars and fourteen cents (\$222.14) per week.
- Effective March 1, 2016 the necessary six percent (6%) increase will increase the weekly contribution by thirteen dollars and thirty-three cents (\$13.33) for a total of two hundred thirty five dollars and forty-seven cents (\$235.47).
- Effective March 1, 2017 the necessary six percent (6%) increase will increase the weekly contribution by fourteen dollars and thirteen cents (\$14.13) for a total of two hundred forty-nine dollars and sixty cents (\$249.60).
- Effective March 1, 2018 the necessary six percent (6%) increase will increase the weekly contribution by fourteen dollars and ninety-eight cents (\$14.98) for a total of two hundred sixty four dollars and fifty-eight cents (\$264.58).

The Employer weekly pension contribution for new employees will also increase by six percent (6%) to seventy dollars and ninety-two cents (\$70.92) on March 1, 2016 for employees in the first five years of employment with increases of 6% on March 1, 2017 to seventy-five dollars and seventeen cents (\$75.17), March 1, 2018 to seventy-nine dollars and sixty-eight cents (\$79.68). After that, the Employer will increase their rate to the highest negotiated weekly pension rate. Effective the first of the month in which they obtain five (5) years of service.

No pension contribution will be required for Temporary Summer Employees.

### Section 2:

This Fund shall be the Western Pennsylvania Teamsters and Employers Pension Fund. There shall be no other pension fund under this contract for operations under this contract or for operation to which Employers who are party to this contract are also parties.

### Section 3:

By the execution of this Agreement, the Employer authorizes the Employers' Association which are parties hereto to enter into appropriate trust agreements necessary for the administration of such Fund, and to designate the Employer Trustee under such Agreement, hereby waiving all notice thereof and ratifying all actions already taken or to be taken by such Trustees within the scope of their authority. The Employer also agrees to be bound by and hereby assents to, all of the terms of the Western Pennsylvania Teamsters and Employers Pension Funds Agreement of Declaration of Trust, as amended, and Pension

# WESTERN PENNSYLVANIA TEAMSTERS AND EMPLOYERS PENSION FUND

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EMAIL: [contactus@wpapensionfund.com](mailto:contactus@wpapensionfund.com) • WEBSITE: <http://www.wpapensionfund.com>

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Verification of Contribution and Benefit Structures				
COMPANY NAME:	Cellone Bakery			
LOCAL UNION:	926			
Fund Account Number(s)		PREFERRED SCHEDULE	DEFAULT SCHEDULE	NO CHANGE
2177, 8006		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dated: 1-12-2012

By:   
Employer

By: \_\_\_\_\_  
Employee Representative

6/27/2017  
EMPR0030

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND  
EMPLOYER MASTER FILE - INQUIRY

F1 = COMMENTS  
CENT. = CONTINUE

EMPLOYER NO.: 8006  
EMPLOYER LOCAL: 926 GROUP: 8006  
EMPLOYER NAME: CELLONE BAKERY  
CONTACT NAME: ERICA (NICOLE, KIM)  
ADDRESS: 663 NAPOR BLVD

VOL. WITH. DATE: 00/00/0000  
FEDERAL S.D. CODE: A  
STATE CODE: P  
ACRMS CODE: PREFERRED

CITY/STATE/ZIP: PITTSBURGH PA 15205 0  
TELEPHONE NBR.: (412) 922 5335

FINAL S.D. CODE: 0.00  
PROM. ADJUST: 0.00  
L/R DATE: 5/1/2017  
L/R REASON: 22  
ENTRY DATE: 1/1/1979  
EXPIRATION: 0/0/0  
CONTRACT Y/D: Y  
MSTR. FREIGHT: N  
PART. ACPT. Y/D: Y

CONTRACT Y/D: Y  
MSTR. FREIGHT: N  
PART. ACPT. Y/D: Y

CONTRACT Y/D: Y  
MSTR. FREIGHT: N  
PART. ACPT. Y/D: Y

LINE	DATE	AMOUNT	W/P	DATE	AMOUNT
1.	3/1/2015	229.29	W	2/29/2016	222.1400
2.	3/1/2016	235.28	W	2/28/2017	235.4700
3.	3/1/2017	249.28	W	2/28/2018	249.6000
4.	3/1/2018	264.28	W	2/28/2019	264.5800

6/27/2017  
EMPR0030

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND  
EMPLOYER MASTER FILE - INQUIRY

F1 = COMMENTS  
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ERICA (NICOLE, KIM)  
663 NAPOR BLVD

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CITY/STATE/ZIP: PITTSBURGH PA 15205 0  
TELEPHONE NRS: 412/922 5335

L/R DATE:  
L/R PRORAT.

5 1 2017  
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ENTRY DATE  
L/R DATE

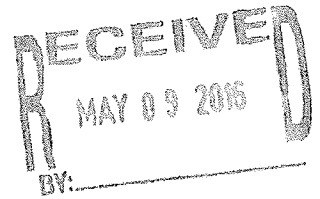
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CONTRACT  
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DATE	DATE	DATE	DATE	DATE	DATE
1.	3 1 2015	2 29 2016	W	66.9000	66.9000
2.	3 1 2016	2 28 2017	W	70.9200	70.9200
3.	3 1 2017	2 28 2018	W	75.1700	75.1700
4.	3 1 2018	2 28 2019	W	79.6800	79.6800



# AGREEMENT

Between

CENTRAL BLOOD BANK

And

GENERAL TEAMSTERS, CHAUFFEURS, AND HELPERS  
LOCAL UNION NO. 249

Effective Date: May 1, 2015



physician advises the employee not to return to work, he will be compensated for the balance of his shift. Compensation for work-related injury or illness will be as follows:

First Five (5) Days – Employee may elect to use forty (40) accumulated sick hours;

Starting with the eighth (8<sup>th</sup>) calendar day after the accident, the employee will receive the percentage of his salary as required by State law. Recognizing that some delay can occur in the payment, the Employer will provide the employee with approximately the same percentage of his regular salary starting the second week after the injury. This arrangement will occur only when the employee, in writing, agrees to return these monies to the Employer upon the first payment from the Insurance Carrier.

Injuries resulting in absences exceeding two (2) weeks require weekly notification to the Employer.

(g) Tuition Reimbursement. Employee shall be eligible to participate in this program under the same terms and conditions as the non-bargaining group.

(h) 403(b) Plan. Employees shall be eligible to participate in this Plan under the same terms and conditions as the non-bargaining group.

### ARTICLE XIII PENSION

Commencing on the date of the execution of this Agreement, the Employer agrees to make contributions to the Western Pennsylvania Teamsters and Employers Pension Fund (the “Fund”) on behalf of all employees represented by the Union. The sole obligation of the Employer to represented employees shall be to make weekly contributions to the Fund for the following periods and in the amount stipulated. The Employer will increase its contribution to the Pension Plan by 6% per week during each year of the five-year contract. The contribution rates will be as follows:

<u>Period</u>	<u>Weekly Contribution Per Eligible Employee</u>
May 1, 2015 through April 30, 2016 .....	\$123.48
May 1, 2016 through April 30, 2017 .....	\$130.89
May 1, 2017 through April 30, 2018 .....	\$138.74
May 1, 2018 through April 30, 2019 .....	\$147.06
May 1, 2019 through April 30, 2020 .....	\$155.88

Employer contributions shall be made only for a week in which the employee was paid or entitled to payment for at least twenty (20) hours worked, including paid vacation time.

Employer contributions will be made for the first eight (8) weeks of absence resulting from an injury or illness. Contributions will be made for a total of twelve (12) weeks of absence if the absence is an approved leave under the Family and Medical Leave Act. If the absence is the result of a job-related accident or illness which entitles the employee to collect workers compensation benefits, contributions will be made for a total of twenty-four (24) weeks.

The parties agreed that the Union may elect to transfer some of these wage increases into increases in the pension contribution at a rate of two and one-half cents of wage increase for each dollar per week increase in the pension contribution. This transfer shall be effective for all bargaining unit employees. The Union shall notify the Employer of any such transfer before April first of the year in which the transfer is to occur.

#### ARTICLE XIV JURY AND WITNESS SERVICE

Any employee who is subpoenaed for Jury Duty and serves as a Juror while actively employed shall be paid his regular rate, to a maximum jury service of twenty (20) days in any year of the Agreement. If more than twenty (20) days of jury service are required in a year, the employee may utilize either sick leave or vacation time for such additional time. An employee

7/02/2018

EMPR0030

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND

EMPLOYER MASTER FILE - INQUIRY

F1 = COMMENTS

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CENTRAL BLOOD BANK OF PGH

LISA

ACCOUNTS PAYABLE

FIVE PARKWAY CENTER

875 GREENTREE ROAD

PITTSBURGH PA 15220 3508

412 209 7444

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MM/YY	EXP DATE	EXP DATE	TYPE	E/P RATE	W/P RATE
5 1 2015	4 30 2016	W	123.4300	123.4300	
5 1 2016	4 30 2017	W	130.8900	130.8900	
5 1 2017	4 30 2018	W	138.7400	138.7400	
5 1 2018	4 30 2019	W	147.0600	147.0600	

No  
SELECTION

6/6

2230  
2309

**COLLECTIVE BARGAINING AGREEMENT**

**CENTRAL COUNTIES YOUTH CENTER**

**AND**

**TEAMSTERS, CHAUFFEURS, WAREHOUSEMEN & HELPERS**  
**LOCAL No. 110, a/w INTERNATIONAL BROTHERHOOD OF**  
**TEAMSTERS**

Effective Date:	January 1, 2018
Expiration Date:	December 31, 2019

**Article XXVIII Pension**

**Section 1.** Beginning on January 1, 2014 the following will be the contribution rate by the Employer for new full-time employees covered under this agreement:

First year of full-time employment	No Contribution
Second year of full-time employment	\$25.00 per week
Third year of full-time employment	\$25.00 per week plus mandatory increase of Pension Rehabilitation Plan
Fourth year of full-time employment	3 <sup>rd</sup> year rate plus mandatory increase of Pension Rehabilitation Plan
Fifth year of full-time employment	\$50.00 per week plus mandatory increase of Pension Rehabilitation Plan

**Section 2.** For those employees with six (6) or more years of employment, beginning on January 1, 2014 and continuing through the length of this Agreement, the Employer agrees to a contribution for each Employee currently in the Western Pennsylvania Teamsters and Employer Pension Plan of their currently contribution rate plus the mandatory increase of the Pension Rehabilitation Plan.

**Section 3.** In each subsequent year of the Agreement, the Employer agrees to increase the Pension Plan contribution for current full-time Employees by the mandated contribution rate of the Pension Fund.

**Article XXIX Death in Family**

**Section 1.** Full-time employees covered by this Agreement may be granted a leave of absence with pay at the Employee's regular hourly rate for up to three (3) consecutive days in the event of critical illness or death of a member of his/her immediate family. Immediate family is defined as husband, wife, son, daughter, mother, father, brother, sister, grandparents, son-in-law, daughter-in-law, mother-in-law, father-in-law, brother-in-law, sister-in-law or any other relative that resided in the Employee's household. These days are to be utilized around the time of death but one (1) day can be held for a future memorial service at the request of the Employee and approval of Management.

**Section 2.** Full-time employees covered by this Agreement may be granted a leave of absence with pay at the Employee's regular hourly rate for one (1) day in the event of the death of the Employee's uncle, aunt, nephew, niece, grandparent-in-law or first cousin.

# WESTERN PENNSYLVANIA TEAMSTERS AND EMPLOYERS PENSION FUND

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Received  
 May 18 2011

Western PA Teamsters  
 Pension Fund

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The Bargaining Parties acknowledge their understanding that the "Preferred Schedule" will be deemed to apply to pending agreements which already have a six (6%) percent annual contribution increase in place by the end of 2011. For existing agreements which do not provide for a six (6%) percent contribution increase beginning in 2011, if checked below, the Bargaining Parties hereby agree that the contribution obligation stated in the applicable collective bargaining agreement is amended, effective on the anniversary date of that agreement, by such amount as is necessary to comply with the annual six (6%) percent requirement set forth in the 2010 Rehabilitation Plan. (Note that if compliance with the Rehabilitation Plan is delayed past 2011, greater contribution increases will be required for selection of the Preferred Schedule in 2012 (8%), 2013 (10%) or 2014 (12%).)

If checked below, the Bargaining Parties can select the "Default Schedule"; however, if selected in 2011, annual contribution increases of eight (8%) are required. Greater increases apply if the Default Schedule is first selected or imposed in 2012 (11%), 2013 (14%) or 2014 (17%).

The Bargaining Parties may choose to retain an existing contribution structure which does not provide for annual six (6%) percent contribution increases for the remaining term of a pending collective bargaining agreement which does not expire in 2011. However, by indicating "No Change" on this form, the Bargaining Parties acknowledge their understanding that the 2010 Rehabilitation Plan provides that for service earned after February 1, 2011, unit multipliers will be reduced by 50% until the pending collective bargaining agreement is renewed and one of the applicable schedules is selected or imposed.

Verification of Contribution and Benefit Structures				
COMPANY NAME:	Central Counties Youth Center			
LOCAL UNION:	UID			
	Fund Account Number(s)			
2230, 2309		PREFERRED SCHEDULE	DEFAULT SCHEDULE	NO CHANGE
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dated: 02/11/2011

By

By

Employee Representative

Administrative  
 Central Counties Youth Center

7/02/2018

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND

F1 = COMMENTS

EMPR0030

EMPLOYER MASTER FILE - INQUIRY

ENT.= CONTINUE

2230

110

2230

CENTRAL COUNTIES YOUTH CENTER

JAMES E JONES, JR

148 PARADISE ROAD

BELLEFONTE

PA 16823

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814 355 650

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0.00

LINE	DATE	EXP. DATE	TYPE	E/R RATE	S/A RATE
1	1 2015	12 31 2015	W	66.9100	66.9100
1	1 2016	12 31 2016	W	70.9200	70.9200
1	1 2017	12 31 2017	W	75.1800	75.1800
1	1 2018	12 31 2018	W	79.6900	79.6900

RENTAL INCOME				0.00
RENTAL LOSS				0.00
LIFE INSURANCE	5	1	2018	
DEATH BENEFIT			3	
RENTAL INCOME	11	1	2006	
CAPITAL LOSS	0	0	0	
CORPORATE TAX	Y			
WORTHY LIFE INSURANCE	N			
PARTIAL AGREEMENT				

DATE		EXP DATE	W	YR RATE	YR DATE
1	1 2015	12 31 2015	W	33.4600	33.4600
1	1 2016	12 31 2016	W	35.4700	35.4700
1	1 2017	12 31 2017	W	37.6000	37.6000
1	1 2018	12 31 2018	W	39.8600	39.8600



# AGREEMENT

6/15/2017 - 6/14/2020

By and between  
SP+ Corporation d/b/a Central Parking System of  
Pennsylvania, Inc.

And

Teamsters Automotive Chauffeurs, Parts, Garage,  
Office Clerical, Airline, Health Care, Petroleum  
Industry, Produce, Bakery and Industrial Workers  
within Western Pennsylvania and Joint Council #40,  
Local Union 926, Affiliated with the International  
Brotherhood of Teamsters

**ARTICLE XVII**  
**BEREAVEMENT PAY**

**17.1**       **After six months of employment,** In the event of a death in an employee's immediate family, namely, Spouse, child, step children, parent, step parent, brother, sister, mother-in-law or father-in-law, or grandchildren an employee shall be paid in full for time lost not to exceed four (4) days. In the event of the death of an employee's grandparent, the employee will be granted two (2) days off with pay to attend the funeral. If an employee needs additional time off, without pay, (up to two additional days and provided the additional time is requested during the two day bereavement period), he or she will be granted the additional time without discipline.

**ARTICLE XVIII**  
**JURY DUTY PAY**

**18.1**       When an employee is required to perform Jury Duty the Employer shall reimburse the employee for the difference between his regular wages and the amount received for such Jury Duty, not to exceed two (2) weeks in any contract year.

**ARTICLE XIX**  
**PENSION**

**19.1**       1.)     The Employer agrees to participate in a program to provide a pension for each employee covered by the Agreement who has twelve (12) months or more seniority with the Employer.

              2.)     To fulfill the obligation, the Employer shall contribute to the Western Pennsylvania Teamsters and Employers Pension Fund the following sum(s) per week for each employee participating in the Fund;

**TOP TIER**  
**Effective**

<b>6-15-2017</b>	<b>6-15-2018</b>	<b>6-15-2019</b>
<b>\$116.43 per wk. (6%)</b>	<b>\$123.42 per wk. (6%)</b>	<b>\$130.82 per wk. (6%)</b>

All current employees in the top rate or eligible for same will continue to receive the top rate.

New employees or those not yet receiving a pension contribution shall receive the second tier until they have completed their fifty fourth (54th) month of service.

**SECOND TIER**

Effective

6-15-2017	6-15-2018	6-15-2019
\$100.29 per wk. (6%)	\$106.30 per wk. (6%)	\$112.68 per wk. (6%)

3.) The Western Pennsylvania Teamsters and Employers Pension Fund shall be the only pension fund that will be acceptable as fulfillment of the Employer's obligation under this Agreement.

4.) By execution of this Agreement, the Employer further agrees to enter into any appropriate trust agreements with the Western Pennsylvania Teamsters and Employers Pension Fund as may be necessary for the administration of the Fund and to designate the Employer Trustees under such agreement, hereby waiving all notice thereof and ratifying all actions already taken or to be taken by such Trustees within the scope of their authority.

5.) If an employee, for whom a pension payment is required, is absent because of illness or off-the-job injury or illness and notifies the Employer of such absence, the Employer shall continue to make the required contributions for a period of four (4) weeks. If an employee is injured on the job, the Employer shall continue to pay the required contributions until such employee returns to work. However, such contributions shall not be paid for a period of more than six (6) months. If an employee is granted a leave of absence, the Employer shall collect from said employee prior to the leave of absence being effective, sufficient monies to pay the required contributions into the pension plan during the period of absence.

6.) Contributions to the pension fund must be made for each week for each employee even though such employee may not work a full week.

7.) The parties agree to reopen this Section 19.1 in the event that there is an increase to the required weekly contribution rate as required by a Rehabilitation Plan applicable to the Pension Fund. Any such reopener will be limited solely to the issue of rates to be paid by the employer to the Pension Fund Pursuant to Rehabilitation Plan.

**ARTICLE XX**  
**TRANSFER OF MANAGEMENT**

20.1 1) In the event that an Employer whose employees are represented by Local 926 assumes, takes over, etc. the operation(s) of an Employer whose employees are represented by Local 926, the successor Employer will hire all the existing employees at those locations and recognize their seniority for fringe benefit purposes. Employees who have otherwise been discharged by the successor employer will be excluded from this provision.

2) The existing employees will then be required to serve a thirty (30) calendar day probationary period during which they may be discharged without recourse to the grievance procedure.



7/11/2017  
EMPR0030

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND  
EMPLOYER MASTER FILE - INQUIRY

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F1  = COMMENTS
ENT. = CONTINUE
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EMPLOYEE NO.	2237	STATUS	00	00	0000
EMPLOYEE LOCAL	926	EMPLOYEE	2189	EMPLOYEE	0000
EMPLOYER NAME	CENTRAL PRKG SYS OF PA, INC		STATUS CODE	A	
EMPLOYEE NAME	KRISTEN WALKER		ACRNTM CODE	P	PREFERRED
EMPLOYEE ID	KRISTEN WALKER				
EMPLOYEE	PAYROLL ACCTG. SUPERVISOR		EMPLOYEE		0.00
EMPLOYEE	200 E RANDOLPH ST, #7700		EMPLOYEE		0.00
EMPLOYEE	CHICAGO	IL 60601	0	12	1 2015
EMPLOYEE	615 850 6248				0

DEBTORSHIP IN EQUITY	0.00	0.00	DEBTORSHIP IN EQUITY	N	0.00	0.00	R
OVERPAYMENT AUDIT	0.00	0.00	PARTIALCREDIT	Y	0.00	0.00	N

NO.	EXP. DATE	EXP. DATE	TYPE	F/R RATE	S/P RATE
1	6 1 2016	5 31 2017	W	94.6100	94.6100
2	6 1 2017	5 31 2018	W	100.2900	100.2900
3	6 1 2018	5 31 2019	W	106.3000	106.3000
4	6 1 2019	5 31 2020	W	112.6800	112.6800

# WESTERN PENNSYLVANIA TEAMSTERS AND EMPLOYERS PENSION FUND

49 AUTO WAY • PITTSBURGH, PA 15206-3663  
(412) 362-4200 • TOLL FREE (800) 362-4201 • FAX (412) 362-3133  
EMAIL: [contactus@wpapensionfund.com](mailto:contactus@wpapensionfund.com) • WEBSITE: <http://www.wpapensionfund.com>

## 2010 REHABILITATION PLAN SELECTION FORM

By execution of this form, the undersigned contributing employer and employee bargaining representative (the "Bargaining Parties"), acknowledge their understanding and agree that the annual rate increases owed to the Western Pennsylvania Teamsters and Employers Pension Fund ("Pension Fund") on behalf of employees covered under one or more collective bargaining agreements or participation agreements determine the benefit structure for benefits as described in the Pension Fund's 2010 Rehabilitation Plan.

The Bargaining Parties acknowledge that a copy of the 2010 Rehabilitation Plan has been provided and that they are aware that it sets forth two alternative schedules of contribution and benefit structures, one of which must be selected by the Bargaining Parties when collective bargaining agreements and participation agreements come up for renewal. It also provides for benefit structures which apply in the interim period prior to renewal.

The Bargaining Parties acknowledge their understanding that the "Preferred Schedule" will be deemed to apply to pending agreements which already have a six (6%) percent annual contribution increase in place by the end of 2011. For existing agreements which do not provide for a six (6%) percent contribution increase beginning in 2011, if checked below, the Bargaining Parties hereby agree that the contribution obligation stated in the applicable collective bargaining agreement is amended, effective on the anniversary date of that agreement, by such amount as is necessary to comply with the annual six (6%) percent requirement set forth in the 2010 Rehabilitation Plan. (Note that if compliance with the Rehabilitation Plan is delayed past 2011, greater contribution increases will be required for selection of the Preferred Schedule in 2012 (8%), 2013 (10%) or 2014 (12%).)

If checked below, the Bargaining Parties can select the "Default Schedule"; however, if selected in 2011, annual contribution increases of eight (8%) are required. Greater increases apply if the Default Schedule is first selected or imposed in 2012 (11%), 2013 (14%) or 2014 (17%).

The Bargaining Parties may choose to retain an existing contribution structure which does not provide for annual six (6%) percent contribution increases for the remaining term of a pending collective bargaining agreement which does not expire in 2011. However, by indicating "No Change" on this form, the Bargaining Parties acknowledge their understanding that the 2010 Rehabilitation Plan provides that for service earned after February 1, 2011, Unit Multipliers will be reduced by 50% until the pending collective bargaining agreement is renewed and one of the applicable schedules is selected or imposed.

Verification of Contribution and Benefit Structures				
COMPANY NAME:	CGI, INTERNATIONAL, LLC			
LOCAL UNION:	Local 585			
Fund Account Number(s)				
1620		PREFERRED SCHEDULE	DEFAULT SCHEDULE	NO CHANGE
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dated: 12-3-11 By: [Redacted]

By: [Redacted]  
Employee Representative

7/02/2018 EMPR0030		W. PA TEAMSTERS AND EMPLOYERS PENSION FUND EMPLOYER MASTER FILE - INQUIRY		F1 = COMMENTS ENT.= CONTINUE	
1620	585	1620		00 00 0000	
CGI INTERNATIONAL, LLC				A	
DAN				P	PREFERRED
1215 HENDERSON AVE					
WASHINGTON		PA 15301	0		
724 225 8700					
0.00	0.00				
0.00	0.00				
6 1 2015	5 31 2016	W	49.5000	49.5000	
6 1 2016	5 31 2017	W	52.4700	52.4700	
6 1 2017	5 31 2018	W	55.6200	55.6200	
6 1 2018	5 31 2019	W	58.9600	58.9600	

PER LOCAL, 5-31-18, EXT. IS YEAR TO YEAR

AGREEMENT  
BETWEEN  
CLEAN TEXTILE SYSTEMS, INC.  
D/B/A CLEAN CARE  
1111 MARVISTA STREET  
AND  
TEAMSTERS LOCAL UNION 249  
AFFILIATED WITH THE  
INTERNATIONAL BROTHERHOOD OF TEAMSTERS

TERM OF AGREEMENT  
AUGUST 30, 2016  
TO  
AUGUST 29, 2019



contribution, except that the Employer will pay its portion of the Health and Welfare Program for the month during which a full-time employee is laid off and for the next three months of lay-off. Employees must be given a copy of Life Insurance statement annually.

#### ARTICLE 13 - PENSION FUND

1. All current full-time employees will receive a 6% pension increase each year for the length of the contract.
2. All new hires will receive \$50.00 per week in pension contributions with a 6% increase each year for the length of the contract.
3. Contribution for new full-time regular employees shall begin on the first day of the month following ninety (90) days of employment as a regular full-time employee.
4. The Employer will pay the above PENSION BENEFITS for the complete week if an employee has worked any part of that week. There will be no payment to the above pension benefit for any week in which the employee has not worked except in the case of vacation or a compensable claim. However, an employee on a compensable claim shall receive Pension Benefit payment for 52 weeks following the start of compensation for claim, but after 52 weeks such Pension Benefit payments shall terminate.
5. Either party may reopen this Agreement at any time with 60 days written notice to the other party for the sole and limited purpose of negotiating over pension benefits. Reopening this Agreement shall have no effect on the continued adherence, application and maintenance of all terms and provisions of the CBA. The Parties reserve all lawful rights available to them when a CBA is reopened.
6. The Parties agree to reopen the contract to negotiate over the single issue of the employer's pension contribution if/when the Rehabilitation plan is terminated.

#### ARTICLE 14 - NON-DISCRIMINATION

The Employer and the Union agree not-to discriminate against any individual with respect to hiring, compensation, terms or conditions of employment because of such individual's race, color, religion, sex, national origin or age (between the years of 40 and 70), nor will they limit, segregate or classify employees in any way to deprive any individual employee of employment opportunities because of race, color, religion, sex, national origin or age (between the years of 40 and 70).

# WESTERN PENNSYLVANIA TEAMSTERS AND EMPLOYERS PENSION FUND

49 AUTO WAY • PITTSBURGH, PA 15206-3663  
(412) 362-4200 • TOLL FREE (800) 362-4201 • FAX (412) 362-3133  
EMAIL: contactus@wpapensionfund.com • WEBSITE: http://www.wpapensionfund.com

APR 17 2012

Western PA Teamsters  
& Employers Pension Fund

## 2010 REHABILITATION PLAN SELECTION FORM

By execution of this form, the undersigned contributing employer and employee bargaining representative (the "Bargaining Parties"), acknowledge their understanding and agree that the annual rate increases owed to the Western Pennsylvania Teamsters and Employers Pension Fund ("Pension Fund") on behalf of employees covered under one or more collective bargaining agreements or participation agreements determine the benefit structure for benefits as described in the Pension Fund's 2010 Rehabilitation Plan.

The Bargaining Parties acknowledge that a copy of the 2010 Rehabilitation Plan has been provided and that they are aware that it sets forth two alternative schedules of contribution and benefit structures, one of which must be selected by the Bargaining Parties when collective bargaining agreements and participation agreements come up for renewal. It also provides for benefit structures which apply in the interim period prior to renewal.

The Bargaining Parties acknowledge their understanding that the **"Preferred Schedule"** will be deemed to apply to pending agreements which already have a six (6%) percent annual contribution increase in place by the end of 2011. For existing agreements which do not provide for a six (6%) percent contribution increase beginning in 2011, if checked below, the Bargaining Parties hereby agree that the contribution obligation stated in the applicable collective bargaining agreement is amended, effective on the anniversary date of that agreement, by such amount as is necessary to comply with the annual six (6%) percent requirement set forth in the 2010 Rehabilitation Plan. *(Note that if compliance with the Rehabilitation Plan is delayed past 2011, greater contribution increases will be required for selection of the Preferred Schedule in 2012 (8%), 2013 (10%) or 2014 (12%).)*

If checked below, the Bargaining Parties can select the **"Default Schedule"**; however, if selected in 2011, annual contribution increases of eight (8%) are required. Greater increases apply if the Default Schedule is first selected or imposed in 2012 (11%), 2013 (14%) or 2014 (17%).

The Bargaining Parties may choose to retain an existing contribution structure which does not provide for annual six (6%) percent contribution increases for the remaining term of a pending collective bargaining agreement which does not expire in 2011. However, by indicating **"No Change"** on this form, the Bargaining Parties acknowledge their understanding that the 2010 Rehabilitation Plan provides that for service earned after February 1, 2011, Unit Multipliers will be reduced by 50% until the pending collective bargaining agreement is renewed and one of the applicable schedules is selected or imposed.

Verification of Contribution and Benefit Structures				
COMPANY NAME:	Clean Care Health Systems			
LOCAL UNION:	249			
Fund Account Number(s)				
1992, 1993, 2238		PREFERRED SCHEDULE	DEFAULT SCHEDULE	NO CHANGE
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dated: 4-13-12

By: \_\_\_\_\_

Er

By: \_\_\_\_\_

Employee Representative

6/28/2017  
EMPR0030

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND  
EMPLOYER MASTER FILE - INQUIRY

F1 = COMMENTS  
ENT. = CONTINUE

BASIC PR NUM 1992  
 EMPLOYER CODE 249 GROUP 419  
 EMPLOYER NAME CLEAN CARE HEALTH SYSTEMS  
 EMPLOYEE NAME DORIS POPE X215  
 ADDRESS 1 ATTN: DORIS POPE  
 ADDRESS 2 40 51ST STREET  
 CITY STATE ZIP PITTSBURGH PA 15201 0  
 TELEPHONE NO 412:687 7900

SOLICIT DATE 00-00 0000  
 FEDERAL ID  
 STATUS CODE A  
 AGENT CODE P PREFERRED  
 HEALTH PLAN 0.00  
 POREL RATE 0.00  
 L/R DATE 5 1 2017  
 L/R REASON 0  
 EMPY RATE 1 1 1992  
 EXPIRATION 0 0 0  
 CONTRACT Y/N Y  
 MSTR. ENROLLMENT N  
 PART. AGREEMENT Y 2000 N

OVERPAYMENT INVOICE 0.00 0.00  
 OVERPAYMENT ADJUST 0.00 0.00

EMP.	EFF. DATE	EXP. DATE	W/P	E/R RATE	S/R RATE
4	1 2014	3 31 2015	W	156.0400	156.0400
4	1 2015	3 31 2016	W	165.4000	165.4000
4	1 2016	3 31 2017	W	175.3300	175.3300
4	1 2017	3 31 2018	W	185.8500	185.8500

6/28/2017  
EMPR0030

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND  
EMPLOYER MASTER FILE - INQUIRY

F1 = COMMENTS  
ENT.= CONTINUE

EMPLOYER NAME: 1993  
EMPLOYER NO: 249  
EMPLOYER NAME: CLEAN CARE HEALTH SYSTEMS  
EMPLOYER NO: DORIS POPE X215  
EMPLOYER NAME: NEW HIRES  
ATTN: DORIS POPE  
40 51ST STREET  
PITTSBURGH PA 15201 0  
412 687 7900

AGE: 00 00 0000  
FEDERAL: 0000  
STATE: 0000  
ASSIST: 0000  
P PREFERRED  
0.00  
0.00  
5 1 2017  
0  
4 1 1992  
0 0 0  
Y  
N  
Y 2017 Y N N

0.00 0.00  
0.00 0.00

LINE	EMP DATE	EMP DATE	TYP	E/S RATE	N/P RATE
1	4 1 2014	3 31 2015	W	92.2100	92.2100
2	4 1 2015	3 31 2016	W	97.7400	97.7400
3	4 1 2016	3 31 2017	W	103.6100	103.6100
4	4 1 2017	3 31 2018	W	109.8300	109.8300

7/02/2018

EMPR0030

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND

EMPLOYER MASTER FILE - INQUIRY

F1 = COMMENTS

ENT.= CONTINUE

2238

249

419

CLEAN CARE HEALTH SYSTEMS

GABRIEL X215

NEW HIRES (2ND GRP)

ATTN: DORIS POPE

40 51ST STREET

PITTSBURGH PA 15201 0

412 687 7900

00 00 0000

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PREFERRED

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4 1 2003

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DATE	EMPLOYER	EMPLOYEE	WAGE	WAGE RATE	WAGE	WAGE RATE
4 1 2015		3 31 2016	W	75.1700	75.1700	
4 1 2016		3 31 2017	W	79.6800	79.6800	
4 1 2017		3 31 2018	W	84.4600	84.4600	
4 1 2018		3 31 2019	W	89.5300	89.5300	

AGREEMENT  
BETWEEN  
CLEAN TEXTILE SYSTEMS, INC.  
D/B/A CLEAN CARE  
40 — 51<sup>st</sup> STREET  
AND  
TEAMSTERS LOCAL UNION 249  
AFFILIATED WITH THE  
INTERNATIONAL BROTHERHOOD OF TEAMSTERS

Effective Dates 8-30-2016 through 8-30-2019

the month during which a full-time employee is laid off and for the next three months of lay-off. Employees must be given a copy of Life Insurance statement annually.

#### ARTICLE 13 - PENSION FUND

1. All current full-time employees will receive pension contributions made on their behalves in the following amounts effective on the following dates: \$79.69 effective October 1, 2016; \$84.46 effective October 1, 2017; and \$89.53 effective October 1, 2018.

2. Contribution for new full-time regular employees shall begin on the first day of the month following ninety (90) days of employment as a regular full-time employee.

3. The Employer will pay the above PENSION BENEFITS for the complete week if an employee has worked any part of that week. There will be no payment to the above pension benefit for any week in which the employee has not worked except in the case of vacation or a compensable claim. However, an employee on a compensable claim shall receive Pension Benefit payment for 52 weeks following the start of compensation for claim, but after 52 weeks such Pension Benefit payments shall terminate.

4. The Parties agree to reopen the contract to negotiate over the single issue of the employer's pension contribution if/when the Rehabilitation Plan is terminated.

5. Either party may reopen this Agreement at any time with 60 days written notice to the other party for the sole and limited purpose of negotiating over pension benefits. Reopening this Agreement shall have no effect on the continued adherence, application and maintenance of all terms and provisions of the CBA. The Parties reserve all lawful rights available to them when a CBA is reopened.

#### ARTICLE 14 - NON-DISCRIMINATION

The Employer and the Union agree not to discriminate against any individual with respect to hiring, compensation, terms or conditions of employment because of such individual's race, color, religion, sex, national origin or age (between the years of 40 and 70), nor will they limit, segregate or classify employees in any way to deprive any individual employee of employment opportunities because of race, color, religion, sex, national origin or age (between the years of 40 and 70).

#### ARTICLE 15 - UNIFORMS

1. The Company will provide five (5) changes of a Company approved uniform to each employee. If uniforms are lost, Company may charge employee for replacement.

2. Employees who sever their employment shall return all such uniforms and/or other property of the Employer that is in their custody or have the cost of same deducted from their pay.

*WESTERN PENNSYLVANIA  
TEAMSTERS AND EMPLOYERS PENSION FUND*

49 AUTO WAY • PITTSBURGH, PA 15206-3663  
(412) 362-4200 • TOLL FREE (800) 362-4201 • FAX (412) 362-3133  
EMAIL: [contactus@wpapensionfund.com](mailto:contactus@wpapensionfund.com) • WEBSITE: <http://www.wpapensionfund.com>

February 2, 2015

COPY

Ms. Ann. M. Bate  
CFO/Controller  
Clean Textile Systems, LP dba Clean Care  
Corporate Offices  
40 51<sup>st</sup> Street  
Pittsburgh PA 15201

Dear Ms. Bate:

The Western Pennsylvania Teamsters and Employers Pension Fund office received your letter dated January 21, 2015. I would like to take this opportunity to clarify the rates directly referred to within the letter, regarding pension account numbers 2236/249 and 1991/249.

As I am sure you are aware, this Fund is governed by the rules of the Pension Protection Act of 2006 and is currently adhering to the guidelines of a Rehabilitation Plan effective November 2010.

Enclosed are copies of two Rehabilitation Plan Selection Forms that were signed by the company accepting the terms of the Preferred Plan. The rules of the Rehabilitation Plan call for 6% **annual** increases on **each account** in order to remain in Preferred Status and not fall under the guidelines of a Default Plan, which has significantly higher annual pension increases.

The accounts cited in your correspondence are apparently "new hire" accounts that had a \$50 rate prior to the Rehabilitation Plan increases. The "new hire" label does not exempt the account from 6% increases, nor does it "freeze" the \$50 rate for those employees hired at a later date. This type of action is not permitted within the scope of the Rehabilitation Plan. In fact, it is quite the



opposite, in that the law does require continual increases upon contract year renewal and does not permit a "lower tier" system. Specifically, Section 107 of the Multiemployer Pension Reform Act of 2014 confirms that upon expiration of a collective bargaining agreement of an employer who has selected a contribution schedule provided under a Rehabilitation Plan, such as this Pension Fund's 6% annual contribution increase schedule, the same contribution schedule automatically renews.

I hope that my attempt to expand on the requirements of the Fund's Rehabilitation Plan Preferred Status has enabled you to understand why the pension rates increase as they do.

If you would like to discuss further, please do not hesitate to call me directly at 412-362-9865.

Sincerely,

  
/ Gerri Talerico  
Fund Office Manager

/gt

cc: file  
Fund Controller  
Fund Attorney  
Local 249

Enclosures (2)

# WESTERN PENNSYLVANIA TEAMSTERS AND EMPLOYERS PENSION FUND

49 AUTO WAY • PITTSBURGH, PA 15206-3663  
(412) 362-4200 • TOLL FREE (800) 362-4201 • FAX (412) 362-3133  
EMAIL: [contactus@wpapensionfund.com](mailto:contactus@wpapensionfund.com) • WEBSITE: <http://www.wpapensionfund.com>

Received

FEB 08 2013

January 4, 2013

Received by Teamsters  
and Employers Pension Fund

## REHABILITATION PLAN SELECTION OF SCHEDULES

By execution of this form, the undersigned contributing employer and employee bargaining representative (the "Bargaining Parties"), acknowledge an agreement has been reached and ratified regarding the selection of a schedule of contribution and benefit structures offered under the Western Pennsylvania Teamsters and Employers Pension Fund's ("Pension Fund") Rehabilitation Plan.

The contribution rate increase/benefit structure alternatives available if selected in 2012, or if selected in 2013 are set forth below:

Please Select Either Preferred or Default Contribution and Benefit Structure		
COMPANY NAME:	Clean Textile Systems	
LOCAL UNION:	Local 249	
Fund Account Number(s)		
	<b>PREFERRED SCHEDULE</b> <input checked="" type="checkbox"/> 8% for 3 years (if first selected in 2012) 6% for next 3 years <input type="checkbox"/> 10% for 3 years (if first selected in 2013) 6% for next 2 years	<b>DEFAULT SCHEDULE</b> <input type="checkbox"/> 11% for 3 years (if first selected in 2012) 8% for next 2 years <input type="checkbox"/> 14% for 3 years (if first selected in 2013) 8% for next 2 years

Date of Ratification:

12/15/2013

By:

Employer

By:

Employee Representative

7/02/2018  
EMPR0030

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND  
EMPLOYER MASTER FILE - INQUIRY

F1 = COMMENTS  
ENT.= CONTINUE

419  
249  
419  
CLEAN TEXTILE SYSTEMS INC  
GABRIEL X215  
HIRED PRIOR DEC 14, 1991  
ATTN: DORIS POPE  
40 51ST STREET  
PITTSBURGH PA 15201  
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DATE	DATE	DATE	DATE	DATE	DATE
1	1	2015	12	31	2015
1	1	2016	12	31	2016
1	1	2017	12	31	2017
1	1	2018	12	31	2018

W

150.3700

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159.3900

159.3900

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168.9500

168.9500

W

179.0900

179.0900

7/02/2018

EMPR0030

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND

EMPLOYER MASTER FILE - INQUIRY

F1 = COMMENTS

ENT.= CONTINUE

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CLEAN TEXTILE SYSTEMS INC

GABRIEL X215

NEW HIRES

ATTN: DORIS POPE

40 51ST STREET

PITTSBURGH PA 15201 0

412 687 7900

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PRG	PRG DATE	END DATE	TYP	E/R RATE	S/R RATE
1	1 2015	12 31 2015	W	70.9200	70.9200
1	1 2016	12 31 2016	W	75.1800	75.1800
1	1 2017	12 31 2017	W	79.6900	79.6900
1	1 2018	12 31 2018	W	84.4700	84.4700

Conemaugh Twp. Mun. Auth. Contract 11-1-14 thru 10-31-18

**CONTRACT  
TENTATIVE AGREEMENT  
BETWEEN  
LOCAL  
110**

**TEAMSTERS, CHAUFFEURS, WAREHOUSEMEN  
AND HELPERS**

And

**CONEMAUGH TOWNSHIP MUNICIPAL  
AUTHORITY**



Teamsters Local 110

1

Thomas N Heider



**ARTICLE XXV**

**HEALTH INSURANCE**

The Employer will continue its current health insurance plan, Teamsters welfare plan 9A, but the Employer has the right to substitute comparable coverage as long as there is same premium cost to the Employee. Which is forty (\$40.00 dollars per month) each employee. Contract year 4<sup>th</sup> health-care & pension opener for negotiations, if parties should not come to agreement by December 31, 2017 on this issue, the matter shall proceed to interest arbitration.

Employees hired after September 10, 2015 shall contribute towards the premium two hundred (\$200.00) dollars per month for the term of the agreement.

**ARTICLE XXVI**

**PENSION**

**Section 1.** The Employer shall contribute to the Western Pennsylvania Teamsters and Employers Pension Fund for all bargaining unit employees. Any day for which an employee receives compensation from the Employer shall be considered a day worked. The weekly contribution rates shall be as follows:

Effective November 1, 2007	-	\$39.00 per week per employee
Effective November 1, 2008	-	\$42.00 per week per employee
Effective November 1, 2009	-	\$45.00 per week per employee
Effective November 1, 2010	-	\$48.00 per week per employee
Effective November 1, 2011	-	\$51.00 per week per employee

**Section 2.** The pension fund shall be the Western Pennsylvania Teamsters and Employers Pension Fund. There shall be no other pension fund under this Agreement or for operations under this Agreement.

**Section 3.** By execution of this Agreement, the Employer accepts as Employer Trustee the present Employer Trustees appointed under the Agreement and Declaration of Trust of the Western Pennsylvania Teamsters and Employers Pension Fund, and all such past or succeeding Employer Trustees as shall have been or will be appointed in accordance with the Agreement and Declaration of Trust, and also agrees to be bound by all actions taken by the Employer Trustees pursuant to the Agreement and Declaration of Trust, the Pension Plan, and the adopted rules and regulations.

**Section 4.** The Employer shall use the reporting and remittance forms required by the Trustees of the Western Pennsylvania Teamsters and Employers Pension Fund and shall comply with the instructions in filling out such forms.

# WESTERN PENNSYLVANIA TEAMSTERS AND EMPLOYERS PENSION FUND

**Received**

FEB 08 2011

Western PA Teamsters  
& Employers Pension Fund

49 AUTO WAY • PITTSBURGH, PA 15206-3663  
(412) 362-4200 • TOLL FREE (800) 362-4201 • FAX (412) 362-3133  
EMAIL: [contactus@wppensionfund.com](mailto:contactus@wppensionfund.com) • WEBSITE: <http://www.wppensionfund.com>

## 2010 REHABILITATION PLAN SELECTION FORM

By execution of this form, the undersigned contributing employer and employee bargaining representative (the "Bargaining Parties"), acknowledge their understanding and agree that the annual rate increases owed to the Western Pennsylvania Teamsters and Employers Pension Fund ("Pension Fund") on behalf of employees covered under one or more collective bargaining agreements or participation agreements determine the benefit structure for benefits as described in the Pension Fund's 2010 Rehabilitation Plan.

The Bargaining Parties acknowledge that a copy of the 2010 Rehabilitation Plan has been provided and that they are aware that it sets forth two alternative schedules of contribution and benefit structures, one of which must be selected by the Bargaining Parties when collective bargaining agreements and participation agreements come up for renewal. It also provides for benefit structures which apply in the interim period prior to renewal.

The Bargaining Parties acknowledge their understanding that the "Preferred Schedule" will be deemed to apply to pending agreements which already have a six (6%) percent annual contribution increase in place by the end of 2011. For existing agreements which do not provide for a six (6%) percent contribution increase beginning in 2011, if checked below, the Bargaining Parties hereby agree that the contribution obligation stated in the applicable collective bargaining agreement is amended, effective on the anniversary date of that agreement, by such amount as is necessary to comply with the annual six (6%) percent requirement set forth in the 2010 Rehabilitation Plan. *(Note that if compliance with the Rehabilitation Plan is delayed past 2011, greater contribution increases will be required for selection of the Preferred Schedule in 2012 (8%), 2013 (10%) or 2014 (12%).*

If checked below, the Bargaining Parties can select the "Default Schedule"; however, if selected in 2011, annual contribution increases of eight (8%) are required. Greater increases apply if the Default Schedule is first selected or imposed in 2012 (11%), 2013 (14%) or 2014 (17%).

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Verification of Contribution and Benefit Structures			
COMPANY NAME:	Conemaugh Twp. Municipal Auth.		
LOCAL UNION:	110		
	Fund Account Number(s)		
2147	PREFERRED SCHEDULE	DEFAULT SCHEDULE	NO CHANGE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dated: 2/1/11

By: 

Employer

By: 

Employee Representative

7/02/2018  
EMPR0030

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND  
EMPLOYER MASTER FILE - INQUIRY

F1 = COMMENTS  
ENT.= CONTINUE

2147  
110 GROUP 2147  
CONEMAUGH TOWNSHIP MUNICIPAL AUT  
LYNDEE  
PO BOX 429  
113 S MAIN STREET  
DAVIDSVILLE PA 15928 0  
814.479.7651

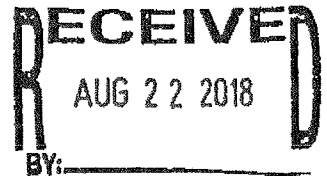
VAR. WELFARE 00 00.0000  
FEDERAL TAX  
STATUS CODE A  
AGRON. CODE P PREFERRED

MEMBER DED 0.00  
PENSION DED 0.00  
LIFE RATE 5 1 2018  
SIP RATE 5  
ENTRY DATE 11 1 1998  
EXPIRATION 0 0 0  
CONTRACT Y  
RETIRED Y  
FORWARD Y N

EMPLOYER DED 0.00 0.00  
EMPLOYEE DED 0.00 0.00

ENTRY DATE	EXP. DATE	TYPE	LIFE RATE	SIP RATE
11 1 2015	10 31 2016	W	64.3800	64.3800
11 1 2016	10 31 2017	W	68.2400	68.2400
11 1 2017	10 31 2018	W	72.3300	72.3300
11 1 2018	10 31 2019	W	76.6700	76.6700





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669  
2305

Between

Teamsters, Chauffeurs, Warehousemen and Helpers  
Local Union No. 110  
P.O. Box 180  
Ebensburg, PA 15931

And

Crossett, Inc.  
201 S. Carver St.  
Warren, PA 16365

*Effective: June 18, 2018*

*Expires: June 29, 2023*

(D.1) If an owner or leased operator is used when a company driver under the same terminal dispatch is not worked and is available for work at straight time, the company driver shall be compensated at the regular rate of pay for the time the owner or leased operator works.

(D.2) Paragraphs (D) and (D.1) do not apply when the owner or leased operator is also a petroleum distributor/marketer and is hauling his own loads.

## **Article XI - Health and welfare.**

(A) The Employer agrees to provide health and welfare benefits for any and all eligible regular employees starting the first of the month following 30 days from hire date. The plan administrator will supply information describing the benefits of the program. Administration of the program will be the responsibility of the Employer or plan administrator and the program will comply with all applicable statutes.

(A.1) A new employee (probationary/progression employee hired after July 13, 2009 as per Article I, D) who has not yet achieved full rate will pay an employee contribution equal to 25% of current premiums (based on enrollment status, as applicable, see A.2) deducted weekly on a pre-tax basis. After this, when the employee reaches full rate the employee contribution will decrease to 20%.

(A.2) The Company retains the right to change medical carriers during the life of the contract with the understanding they must maintain the same level of benefits when considering the total plan.

(B) Occupational injury: If an employee is injured on the job, the Employer, and Employee shall continue to pay their portion of the respected premiums until such employee returns to work; however, such premiums need not be paid for a period of more than six (6) months.

(C.1) Non occupational disabilities: If an employee is absent because of illness or off the job injury and notifies the Employer of such absence, the Employer and Employee shall continue to pay their portion of the respected premiums for a period of four weeks.

(C.2) In addition to (C.1), one month's premium will be paid by the Employer (the Employee shall continue to pay their portion of the respected premiums) for each period of three (3) years service completed with the company as of the date the employee became incapacitated.

## **Article XII - Pension plan.**

(A) The Employer agrees to contribute for any and all eligible regular employees covered by this agreement and who has been on the payroll thirty (30) days following certification to the Western Pennsylvania Teamsters and Employers Pension Fund, and/or the Crossett Inc Union

Employee's Retirement Plan, a sum of money as negotiated for this agreement and specified in Schedule A., Article XII, attached to and made a part of this agreement.

(B) If an employee is absent because of illness or off the job injury & notifies the Employer of such absence, the Employer shall continue to make the required contributions for a period of four (4) weeks. If an employee is injured on the job, the Employer shall continue to pay the required contributions until such employee returns to work; however such contributions shall not be paid for a period of more than six months.

(C) Contributions to the pension fund(s) must be made for each week worked for each eligible regular employee, even though such employee may work only part time under the provisions of this contract, but must work at least two (2) days (tours of duty) in that week, including weeks where work is performed for the Employer but not under the provisions of this contract, and although contributions may be made for those weeks into some other pension fund. Employees who work either temporarily or in cases of emergency under the terms of this contract shall not be covered by the provisions of this paragraph.

### **Article XIII - Lie Detector Test.**

The Employer shall not require, request or suggest that an employee or applicant for employment take a polygraph or any other form of lie detector test.

### **Article XIV - Miscellaneous.**

(A) The Union agrees with the Employer that it will not tolerate dishonesty, intoxication, use of narcotics or chronic absenteeism among its members. A violation of this clause shall upon proof be sufficient cause for reprimand or dismissal. In the event of cargo or company furnished hand tools and equipment being lost, stolen or damaged, the employee shall not be held responsible unless it is proven that the articles were lost, stolen or damaged through his own negligence, nor shall he be held responsible for the loss or damage to the vehicle operated by him.

(B) If employees are required to have bonds, the Employer agrees to pay for same. Revenue for bonds must not be deducted from employee's pay.

(C) The Employer agrees to grant necessary time off without discrimination to any employee designated by the Union to serve in any capacity on official Union business.

(D) There will be no interest or handling charge on earned money advanced prior to regular pay day.

# WESTERN PENNSYLVANIA TEAMSTERS AND EMPLOYERS PENSION FUND

49 AUTO WAY • PITTSBURGH, PA 15206-3663  
(412) 362-4200 • TOLL FREE (800) 362-4201 • FAX (412) 362-3133  
EMAIL: contactus@wpapensionfund.com • WEBSITE: http://www.wpapensionfund.com

DEC 28 2011

Western, PA Teamsters  
Employers Pension Fund

## 2010 REHABILITATION PLAN SELECTION FORM

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Verification of Contribution and Benefit Structures				
COMPANY NAME:	Crossett, Inc.			
LOCAL UNION:	110			
Fund Account Number(s)				
669, 2305		PREFERRED SCHEDULE	DEFAULT SCHEDULE	NO CHANGE
		<input checked="checked" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dated: 12/20/11

By:

Employer

By:

8/23/2018		W. PA TEAMSTERS AND EMPLOYERS PENSION FUND				F1 = COMMENTS	
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669						00 00 0000	
110		669					
CROSSETT INC						A	
LINDSAY X174						P	PREFERRED
201 S CARVER STREET							
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WARREN		PA 16365	0			7 1 2018	
814 723 2200						19	
						9 1 1959	
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12 1 2015	11 30 2016	W	143.2000	143.2000			
12 1 2016	11 30 2017	W	151.7900	151.7900			
12 1 2017	11 30 2018	W	160.8900	160.8900			
12 1 2018	11 30 2019	W	170.5500	170.5500			



*Execution Copy*

RECEIVED  
SEP - 1 2016  
BY: \_\_\_\_\_

548

AGREEMENT

BETWEEN

DS SERVICES OF AMERICA, INC.

AND

TEAMSTERS LOCAL UNION NO. 250

FROM JULY 24, 2016 THROUGH NOVEMBER 14, 2021

but less than 1010 hours, his vacation will be prorated. Any employee who does not work at least 400 hours in the preceding year shall not be entitled to any vacation in the current year. (For purposes of determining vacation eligibility, vacation taken and eligible holidays shall be counted as hours worked.) The proration formula for non-terminated employees will be the hours worked divided by 2080 to arrive at the prorated percent of vacation due. In the case of termination for other than just cause, in computing the amount of additional employment for the last month, a period of less than fifteen (15) days shall not be regarded and a period of fifteen (15) days or more shall be regarded as a full month. If an employee is discharged for just cause, he shall not receive any pro-rata portion of vacation regardless of hours worked.

## **ARTICLE XII**

### **SEVERANCE PAY**

It is agreed between the Employer and Union that a severance pay shall be given to all employees with one (1) year or more service. The severance pay will include one (1) week pay for each full year of service but not more than a maximum of sixteen (16) weeks. Severance pay will be in a lump sum minus applicable legal deductions and withholdings and the employee must work through his/her last scheduled day of work to receive any severance pay. This shall apply only to employees whose employment is terminated because of technological improvements, which may cause a reduction in the working forces or plant closure. No employee who is discharged for cause shall be eligible for severance pay, nor shall severance pay be granted to any seasonal, probationary or temporary employee.

## **ARTICLE XIII**

### **BENEFITS**

#### **Section 1.**

- a. The Employer covenants and agrees to contribute the following amounts per week into the Western Pennsylvania Teamsters and Employers Pension Fund (the "Pension Fund") for each Union employee coming within the scope of this Agreement in any week in which the employee works two (2) days.

Effective November 1, 2015	\$105.72
Effective November 1, 2016	\$112.06
Effective November 1, 2017	\$118.78
Effective November 1, 2018	\$125.91
Effective November 1, 2019	\$133.46
Effective November 1, 2020	\$141.47

If the employee is off due to an on-the-job accident, his pension contribution will continue for nine (9) months.



For employees hired after May 1, 1986, the pension contribution rate shall be:

Effective November 1, 2015	\$93.68
Effective November 1, 2016	\$99.30
Effective November 1, 2017	\$105.25
Effective November 1, 2018	\$111.57
Effective November 1, 2019	\$118.26
Effective November 1, 2020	\$125.36

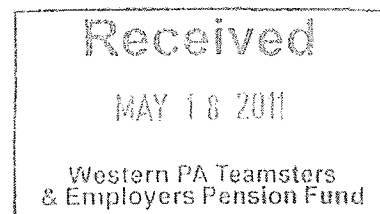
- b. The contribution increases above are intended to be sufficient to meet the requirements of the Pension Fund's 2010 Rehabilitation Plan throughout the term of this Agreement, and any such increases shall be applied first to any required contributions under such Rehabilitation Plan or any successor rehabilitation plan or contribution surcharge. The Employer's obligation to make contributions to the Pension Fund shall not be increased from the amounts set forth in Section 1.a above other than through a formal written amendment of this Agreement signed by the Employer's authorized representative. Further, should the Pension Fund impose required contributions from or impose a surcharge on employers to satisfy applicable legal requirements, which required contributions and/or surcharge exceed in the aggregate the contribution amounts set forth in Section 1.a above then in effect, the Union shall provide notice of same to the Company and this Agreement shall, at the Company's option, be re-opened for a thirty (30) day period. If the parties cannot agree on changes to the Agreement during the thirty (30) day re-opener period this Agreement shall expire.

**Section 2.** Insurance benefits provided in Sections 3 and 4 of this Article will continue in the event of a non-work related injury or illness to the end of the month in which an employee leaves work plus six (6) months. In the event of work-related illness or accident, the insurance benefits will be continued to the end of the month in which an employee leaves work plus twelve (12) months. In the event of a layoff, the insurance benefits will be continued for one (1) month beyond the month in which the employee is laid off and, after that, benefits will continue for any month in which the employee has worked at least five (5) days. If an employee works at least three (3) consecutive months, he would again be eligible for benefit coverage continuation for the month following a lay-off. For insurance benefits to be continued pursuant to this section, the employee must continue to contribute the employee's share of the monthly premiums.

**Section 3.** The Employer also agrees to provide Group Life Insurance for natural death and accidental death insurance for employees covered by this Agreement according to the terms it provides such insurance to non-bargaining unit employees, which insurance benefits can be changed as they are changed for non-bargaining unit employees.

**Section 4.**

- a. There has been established by the Company a Health & Welfare Plan (hereinafter referred to as the "Plan"). During the term of this Agreement, the employees covered hereunder are eligible to participate in the Plan according to the terms and conditions of



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Verification of Contribution and Benefit Structures				
COMPANY NAME:	DS Waters			
LOCAL UNION:	250			
Fund Account Number(s)				
548, 1908		PREFERRED SCHEDULE	DEFAULT SCHEDULE	NO CHANGE
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dated: 5/10/2011

By:

Employer

DS Waters

By:

Employee Representative

7/02/2018  
EMPR0030

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND  
EMPLOYER MASTER FILE - INQUIRY

F1 = COMMENTS  
ENT. = CONTINUE

548  
250 548  
CRYSTAL SPRING WATER CO.  
TINA DANIELS  
ATTN: TINA DANIELS  
2300 WINDY RIDGE PARKWAY  
ATLANTA GA 30339 0  
770.989 8754

NO. 000001 00.00.0000  
FEDERAL ID  
STATUS CODE: A  
ALPINE CODE: P PREFERRED

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POST-EMPLOYMENT  
PARTIAL AGREEMENT N

AD	DATE	EMP. DATE	W	EMP. RATE	EMP. RATE
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11	1 2016	10 31 2017	W	112.0600	112.0600
11	1 2017	10 31 2018	W	118.7800	118.7800
11	1 2018	10 31 2019	W	125.9100	125.9100

7/02/2018

EMPR0030

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND

EMPLOYER MASTER FILE - INQUIRY

F1 = COMMENTS

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1908

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548

CRYSTAL SPRING WATER NEW HIRES

TINA DANIELS

ATTN: TINA DANIELS

2300 WINDY RIDGE PARKWAY

SUITE 500N

ATLANTA GA 30339 0

770 989 8754

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11	1	2016	10 31 2017	W	99.3000	99.3000
11	1	2017	10 31 2018	W	105.2500	105.2500
11	1	2018	10 31 2019	W	111.5700	111.5700

548  
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2047

AGREEMENT

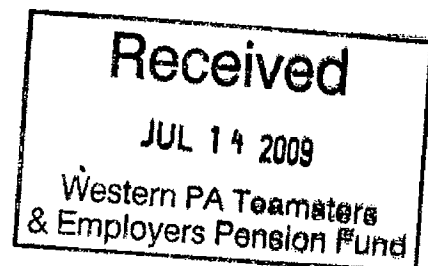
BETWEEN

DS WATERS OF AMERICA, INC.

AND

TEAMSTERS LOCAL UNION No. 249

JUNE 01, 2009 TO FEBRUARY 28, 2014



jm  
6-10-09

**Section 3:**

**Life Insurance**

A. The Employer shall provide life insurance in the amount of \$50,000 and AD&D insurance in the amount of \$50,000 for a total of \$100,000 payable in the event of an accidental death.

**Section 4:**

**Eligibility**

A. The various benefits specified in this section apply only to regular full-time Employees. Temporary and probationary Employees shall not be eligible for the benefits.

**Section 5: Changes in Coverage**

A. If the Company is able to provide the same coverage on any of the above programs with another insurance carrier, it has a right to switch to another carrier.

**Section 6: Pension Contribution**

A. Weekly contributions to the Western Pennsylvania Teamsters and Employers Pension Fund will be made for eligible Employees based on the Employee's Union seniority date. Contribution increases due to achievement of a new seniority tier will occur at the beginning of the month immediately following the appropriate Union seniority anniversary.

The weekly Pension Contribution rates for eligible Employees with more than 15 years seniority are:

<u>Effective:</u>	<u>6/1/09</u>	<u>3/1/10</u>	<u>3/1/11</u>	<u>3/1/12</u>	<u>3/1/13</u>
	\$143.00	\$153.00	\$163.00	\$173.00	\$183.00

4

Jan 6-10-09

## 2010 REHABILITATION PLAN SELECTION FORM

By execution of this form, the undersigned contributing employer and employee bargaining representative (the "Bargaining Parties"), acknowledge their understanding and agree that the annual rate increases owed to the Western Pennsylvania Teamsters and Employers Pension Fund ("Pension Fund") on behalf of employees covered under one or more collective bargaining agreements or participation agreements determine the benefit structure for benefits as described in the Pension Fund's 2010 Rehabilitation Plan.

The Bargaining Parties acknowledge that a copy of the 2010 Rehabilitation Plan has been provided and that they are aware that it sets forth two alternative schedules of contribution and benefit structures, one of which must be selected by the Bargaining Parties when collective bargaining agreements and participation agreements come up for renewal. It also provides for benefit structures which apply in the interim period prior to renewal.

The Bargaining Parties acknowledge their understanding that the "Preferred Schedule" will be deemed to apply to pending agreements which already have a six (6%) percent annual contribution increase in place by the end of 2011. For existing agreements which do not provide for a six (6%) percent contribution increase beginning in 2011, if checked below, the Bargaining Parties hereby agree that the contribution obligation stated in the applicable collective bargaining agreement is amended, effective on the anniversary date of that agreement, by such amount as is necessary to comply with the annual six (6%) percent requirement set forth in the 2010 Rehabilitation Plan. *(Note that if compliance with the Rehabilitation Plan is delayed past 2011, greater contribution increases will be required for selection of the Preferred Schedule in 2012 (8%), 2013 (10%) or 2014 (12%).)*

If checked below, the Bargaining Parties can select the "Default Schedule"; however, if selected in 2011, annual contribution increases of eight (8%) are required. Greater increases apply if the Default Schedule is first selected or imposed in 2012 (11%), 2013 (14%) or 2014 (17%).

The Bargaining Parties may choose to retain an existing contribution structure which does not provide for annual six (6%) percent contribution increases for the remaining term of a pending collective bargaining agreement which does not expire in 2011. However, by indicating "No Change" on this form, the Bargaining Parties acknowledge their understanding that the 2010 Rehabilitation Plan provides that for service earned after February 1, 2011, Unit Multipliers will be reduced by 50% until the pending collective bargaining agreement is renewed and one of the applicable schedules is selected or imposed.

Verification of Contribution and Benefit Structures				
COMPANY NAME:	Crystal Spring Water			
LOCAL UNION:	249, 250			
Fund Account Number(s)				
548, 1908, 2047		PREFERRED SCHEDULE	DEFAULT SCHEDULE	NO CHANGE
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dated: 1/27/2014

By: DS Waters  
Employer

By: [REDACTED]  
Employee Representative

run

7/02/2018

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND

F1 = COMMENTS

EMPR0030

EMPLOYER MASTER FILE - INQUIRY

ENT.= CONTINUE

548

249

548

CRYSTAL SPRING WATER CO.

TINA DANIELS

ATTN: TINA DANIELS

2300 WINDY RIDGE PARKWAY

SUITE 500N

ATLANTA GA 30339

0

770 989 8754

00 00 0000

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PREFERRED

0.00

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5 1 2018

8

9 4 1958

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0.00

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0.00

DATE	START DATE	END DATE	WEEK	RATE	SUB DATE
3 1 2015	2 29 2016	W	205.6100	205.6100	
3 1 2016	2 28 2017	W	217.9500	217.9500	
3 1 2017	2 28 2018	W	231.0300	231.0300	
3 1 2018	2 28 2019	W	244.8900	244.8900	



7/02/2018

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND

F1 = COMMENTS

EMPR0030

EMPLOYER MASTER FILE - INQUIRY

ENT.= CONTINUE

1908

249

548

CRYSTAL SPRING WATER NEW HIRES

TINA DANIELS

EMPS WITH 6 YEARS

2300 WINDY RIDGE PARKWAY

SUITE 500N

ATLANTA GA 30339 0

770.989 8754

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ENR	ENR DATE	ENR RATE	W	W/R RATE	W/R RATE
3 1 2015	2 29 2016	W	93.6700	93.6700	
3 1 2016	2 28 2017	W	99.2900	99.2900	
3 1 2017	2 28 2018	W	105.2500	105.2500	
3 1 2018	2 28 2019	W	111.5700	111.5700	

7/02/2018

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND

F1 = COMMENTS

EMPR0030

EMPLOYER MASTER FILE - INQUIRY

ENT.= CONTINUE

EMPLOYEE ID

2047

LOCAL UNION

249

EMPLOYEE NAME

CRYSTAL SPRING WATER NEW HIRES

CONTACT NAME

TINA DANIELS

ADDRESS 1

EMPS WITH LESS THAN 6 YRS

ADDRESS 2

2300 WINDY RIDGE PARKWAY

CITY/STATE/ZIP

ATLANTA GA 30339 0

TELEPHONE NO

770 989 8754

AGENCY CODE

00 00 0000

FEDERAL AID

A

STATE CODE

P

AGENCY CODE

PREFERRED

PENALTY BAL

0.00

PROG. RATE

0.00

I/R DATE

5 1 2018

I/R REASON

11

ENTRY DATE

5 1 1994

EXPIRATION

0 0 0

CONTRACT

Y

ESTABLISHMENT

R

PARTICIPANT

N

OWN. DED. BAL

0.00

CONTRACT BAL

0.00

OWN. DED. BAL

0.00

CONTRACT BAL

0.00

EMP	EMP DATE	EXP DATE	EXP	EMP RATE	EMP RATE
3	1 2015	2 29 2016	W	80.2800	80.2800
3	1 2016	2 28 2017	W	85.1000	85.1000
3	1 2017	2 28 2018	W	90.2100	90.2100
3	1 2018	2 28 2019	W	95.6200	95.6200

AGREEMENT

BETWEEN

DARLING INGREDIENTS

AND

TEAMSTERS LOCAL UNION 249  
affiliated with  
INTERNATIONAL BROTHERHOOD OF TEAMSTERS

FEBRUARY 01, 2016 TO JANUARY 31, 2019

sick, accident or injured on and off the job for a maximum of eighteen (18) months.

- (b) The Employer agrees to pay a supplementary amount of \$25.00 per week for each regular employee who is sick or injured off the job for each week the employee receiving benefits under the Western Pennsylvania Teamsters and Employers Welfare Plan.

Any employee opting out shall receive \$400.00 a month in lieu of coverage.

Employee Opt-Out Medical Benefits:

I have elected to decline the group medical benefits available to me through Darling International. I have declined these benefits because:

\_\_\_\_\_ I presently am covered by medical benefits through my spouse/parents or other source.\*

I am aware that if the above situation changes, it is my responsibility to advise the Employee Benefits Administrator that I would like to participate in the group medical benefits plan. I am further aware that I may only enroll back into the Plan after one (1) year, or upon occurrence of a qualifying event.

\_\_\_\_\_  
Employee's Name (Print)

\_\_\_\_\_  
Employee's Signature

Dated: \_\_\_\_\_

\*Employee must provide proof of alternate coverage.

(c) Pension: The Employer will increase the Monthly Pension Contribution to the Western Pennsylvania Teamsters and Employers Pension Fund as follows:

<u>2/1/16</u>	<u>2/1/17</u>	<u>2/1/18</u>	<u>2/1/19</u>	<u>2/1/20</u>
\$160.30	\$169.92	\$180.12	\$190.92	\$202.38

7/02/2018

EMPR0030

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND

EMPLOYER MASTER FILE - INQUIRY

F1 = COMMENTS

ENT.= CONTINUE

402

249

402

DARLING INGREDIENTS, INC

LAURIE MASSIEN

LAURIE MASSIEN

1002 BELTLINE AVENUE

CLEVELAND OH 44109 0

216.351 3440

00 00 0000

A

P

PREFERRED

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5 1 2018

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0.00

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2 1 2015

2 1 2016

2 1 2017

2 1 2018

1 31 2016

1 31 2017

1 31 2018

1 31 2019

W

W

W

W

151.2300

160.3000

169.9200

180.1200

151.2300

160.3000

169.9200

180.1200

No  
SELECTION

# SUMMARY OF TENTATIVE NATIONAL DHL PICK-UP AND DELIVERY OPERATIONAL SUPPLEMENT

## PICK UP & DELIVERY OPERATIONAL SUPPLEMENT

The following Articles apply to "Pick-Up & Delivery" (PU&D) operations only. Article 9 of this Supplement and Appendix A of the National Agreement hereto sets forth such operations.

### ARTICLE 1. MAINTENANCE OF STANDARDS [NO CHANGE]

### ARTICLE 2. PASSENGERS [NO CHANGE]

### ARTICLE 3. EQUIPMENT, SAFETY AND HEALTH [NO CHANGE]

### ARTICLE 4. SUBCONTRACTING AND WORK PRESERVATION

#### Section 1. Work Preservation

The protection and preservation of bargaining unit work is central to this agreement. For the purpose of preserving work and job opportunities for the employees covered by this Agreement, the Employer agrees that no operation, work or services of the kind, nature or type covered by, or presently performed by, or hereafter assigned to, the collective bargaining unit by the Employer will be subcontracted, transferred, leased, diverted, assigned or conveyed in full or in part (hereinafter referred to as "divert" or "subcontract"), by the Employer to any other plant, business, person, or non-unit personnel, or to any other mode of operation, unless specifically provided and permitted in this Agreement.

In addition, the Employer agrees that it will not, as hereinafter set forth, subcontract or divert the work presently performed by, or hereafter assigned to, its employees to non-employee owner-operators or other business entities owned and/or controlled by the signatory Employer, or its parent, subsidiaries or affiliates, except as specifically set forth herein or in any Supplement or Rider or as may be mutually agreed between the Employer and a Local Union in writing. T/A

**Section 2. Diversion of Work - Parent or Subsidiary Companies** [NO CHANGE]

#### Section 3. Subcontracting

Bargaining unit work shall only be performed by bargaining unit employees except as specifically set forth herein.

~~It is a violation of this Article to~~ **Subject to the provisions of this Article, the Employer shall not** use non-bargaining unit personnel (i.e. supervisors or third-parties) to perform work of the kind, nature or type currently or previously performed by bargaining unit employees, other than non-recurring unforeseen overflow or emergency work, and then only if all available means to use unit employees have been exhausted including overtime. The employer may not divert work outside the unit to avoid overtime. T/A

Furthermore it is a violation of this Article for the size of the bargaining unit to decrease by attrition and the Employer not replace the employees while using non-unit personnel or third-parties to perform work of the kind, nature, or type previously performed by that bargaining unit or to deny unit employees earning opportunities. Likewise, it is a violation of this Article to use non-bargaining unit personnel or third-parties to perform unit work in order to avoid hiring bargaining unit employees when the work justifies the hiring of such bargaining unit employees.

It shall not be a violation of this Article to subcontract work in accordance with existing established past practices provided the volume of such subcontracting does not increase or result in the layoff of unit employees. The Employer shall maintain records identifying non unit persons or entities performing unit work as permitted by the Article as well as the specific type and amount of work performed. Said records shall be made available for inspection by the Local Union(s) in the locality affected by such work.

#### Penalty for Supervisors Performing Unit Work

If any supervisor is determined to have performed bargaining unit work in violation of this Agreement, the Company shall pay double the appropriate unit employee's hourly rate for all such work performed to the affected employees as a penalty.

### ARTICLE 5. MANAGEMENT'S RIGHTS [NO CHANGE]

### ARTICLE 6. OPERATIONAL CHANGES [NO CHANGE]

### ARTICLE 7. UNION ACCESS PROCEDURES [NO CHANGE]

## Current NMFA Drug Policy Language

In the event an employee receives a traffic citation for a moving violation which would contribute to a suspension or revocation or suffers a suspension or revocation of his/her right to drive the company's equipment for any reason, he/she must promptly notify the Employer in writing. Failure to comply will subject the employee to disciplinary action up to and including discharge. If such suspension or revocation comes as a result of his/her complying with the Employer's instruction, which results in a succession of size and weight penalties or he/she complied with the Employer's instruction to drive company equipment which is in violation of DOT regulations relating to equipment or because the company equipment did not have either a speedometer or a tachometer in proper working order and if the employee has notified the Employer of the citation for such violation as above mentioned, the Employer shall provide employment to such employee at not less than his/her regular earnings at the time of such suspension for the entire period thereof. T/A

When an employee in any job classification requiring driving has his/her operating privilege or license suspended or revoked for reasons other than those for which the employee can be discharged by the Employer, a leave of absence without loss of seniority, not to exceed three (3) years, shall be granted for such time as the employee's operating license has been suspended or revoked. The employee will be given work opportunities ahead of casuals to perform non-CDL required job functions. T/A

## ARTICLE 19. WAGES

[MODIFY CONSISTENT WITH NATIONAL ECONOMIC SETTLEMENT]

## ARTICLE 20. HEALTH AND WELFARE

[MODIFY CONSISTENT WITH NATIONAL ECONOMIC SETTLEMENT]

With respect to this Agreement and all Supplements and Riders, the Company shall remain in the same health plan(s) that they are currently in. The Company shall continue to participate in such plans and will execute all necessary participation agreements and other documents required by the plans.

Section 1. Taft-Hartley Plans [SEE ECONOMICS]

Section 2. Company Plans [SEE ECONOMICS] [ NO CHANGE]

Section 3. Part-Time Employees [SEE ECONOMICS] [ NO CHANGE]

[Subject to grant of Company H&W benefits to part-timers-See Economics]. T/A

## ARTICLE 21. PENSION

[MODIFY CONSISTENT WITH NATIONAL ECONOMIC SETTLEMENT]

With respect to this Agreement and all Supplements and Riders, the Company shall remain in the same pension plan(s) that they are currently in. The Company shall continue to participate in such plans and will execute all necessary participation agreements and other documents required by the plans.

Section 1. Taft-Hartley Plans [SEE ECONOMICS]

Section 2. Company Plans [SEE ECONOMICS]

Section 3. Part-Time Employees [NO CHANGE]

# PICK-UP AND DELIVERY OPERATIONAL SUPPLEMENT

For the Period of

April 1, 2013

Through

March 31, 2017



With respect to this Agreement and all Supplements and Riders, the Company shall remain in the same pension plan(s) that they are currently in. The Company shall continue to participate in such plans and will execute all necessary participation agreements and other documents required by the plans.

#### **Section 1. Taft-Hartley Plans**

Employees in Taft-Hartley multi-employer plans shall remain in said plan, and if necessary to maintain the Health and Welfare and Pension benefits, the Employer shall increase its contribution to all Teamster Health and Welfare and Pension plans, up to \$1.00 per year, to be divided between the applicable Health and Welfare and Pension plans, as follows:

Effective Dates	Increases in Employer Contributions
August 1, 2013	Up to \$1.00 per hour
August 1, 2014	Up to an additional \$1.00 per hour
August 1, 2015	Up to an additional \$1.00 per hour
August 1, 2016	Up to an additional \$1.00 per hour

Consistent with past practice, the Supplemental Negotiating Committee will determine the allocation of the negotiated contribution amounts to the appropriate Health and Welfare and/or Pension Funds. Monthly, daily, and/or hourly contributions shall be converted from the hourly contributions schedule in accordance with past practice.

In locations where the local supplement requires maintenance of benefits for a Taft-Hartley health and welfare plan, the increases shall first be utilized to fund the maintenance of benefits to the health and welfare fund, with the balance of the money going to pension. If the health and welfare costs increase and exceed \$1.00 per hour for each employee of each year, then maintenance of benefits will apply, and the Employer will pay that amount (even if it exceeds the \$1.00), with no additional increase to pension for that year.

Where the Employer has negotiated a long-term fixed pension rate (i.e., through a transition plan combined with payment of withdrawal liability) applicable during the term of the Agreement, the provision for up to one dollar (\$1.00) shall be reduced in accordance with the mutual agreement between the Employer and the Local Unions representing employees covered by the fixed pension rate.

#### **Section 2. Company Plans**

For employees in an Employer provided pension/401(k) plan, the Employer is required to maintain all levels of contributions during the life of this Agreement. Where the 401(k) plan is the retirement plan for the employee, the Employer shall make increased

6/30/2017  
EMPR0030

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND  
EMPLOYER MASTER FILE - INQUIRY

F1 = COMMENTS  
ENT. = CONTINUE

EMPLOYER NAME: 1363  
FEDERAL T.D.C. 926  
EMPLOYER NAME: 1677  
CONTACT NAME: DHL  
ADDRESS # 1: FELICIA  
ATTN: BRITTANY MINNIER  
570 POLARIS PARKWAY  
WESTERVILLE OH 43082 0  
866 504 6943  
VOL. WYE DATE: 00:00 0000  
STATUS CODES: A  
AGREEMENT CODE: P PREFERRED  
PENALTY WY: 0.00  
PROM. NOT: 0.00  
EX. 1 2017 3  
EX. 3 1 1972  
EX. 0 0 0  
EX. Y  
ACTG. PR. 100 N  
PART. 100 N R N

WEEK	WEEK DATE	EMP DATE	WEEK	WEEK DATE	WEEK RATE
4	1 2011	3 31 2012	W	318.2500	318.2500
4	1 2012	3 31 2013	W	348.2500	348.2500
4	1 2013	3 31 2014	W	374.2500	374.2500
4	1 2014	12 31 2017	W	374.2500	374.2500

6/30/2017  
EMPR0030

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND  
EMPLOYER MASTER FILE - INQUIRY

F1 = COMMENTS  
ENT. = CONTINUE

EMPLOYER NAME: 1302  
EMPLOYER ID: 249  
EMPLOYER TYPE: 1302  
DHL  
AMY  
DHL/DANZAS UNION BILLING  
ASKPAYROLL, DEPT 110  
570 POLARIS PARKWAY  
WESTERVILLE OH 43082 0  
866.504.6943

VOL. WTH. DATE: 00.00 0000  
FEDERAL ID: 000000000  
STATUS CODE: A  
ALIAS CODE: P PREFERRED

0.00  
0.00  
5 1 2017  
22  
4 1 1970  
0 0 0

EMPLOYER BALANCE: 0.00 37,162.48  
EMPLOYER DEBT: 0.00 0.00

CONTRACT: Y  
MTR. PARTICIP: Y  
PART. AGRMNT: N

EMP.	EMP. DATE	EXP. DATE	TYPE	E/R RATE	S/P RATE
8	1 2011	7 31 2012	W	360.0000	360.0000
8	1 2012	7 31 2013	W	384.0000	384.0000
8	1 2013	7 31 2014	W	408.0000	408.0000
8	1 2014	12 31 2017	W	408.0000	408.0000

Local 249 Pittsburgh Office Clerical Local Rider

Effective

April 1, 2013 to March 31, 2017

6/30/2017  
EMPR0030

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND  
EMPLOYER MASTER FILE - INQUIRY

F1 = COMMENTS  
ENT = CONTINUE

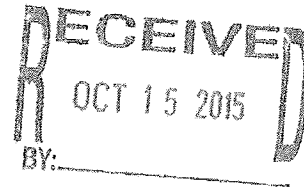
EMPLOYEE ID: 2281  
EMPLOYEE NAME: 249 GROUP 1677  
EMPLOYEE NAME: DHL/AIR EXPRESS - CLERICAL  
EMPLOYEE NAME: AMY  
EMPLOYEE NAME: DHL/DANZAS UNION BILLING  
EMPLOYEE NAME: ASKPAYROLL, DEPT 110  
EMPLOYEE NAME: 570 POLARIS PARKWAY  
EMPLOYEE NAME: WESTERVILLE OH 43082 0  
EMPLOYEE NAME: 866.504.6943

VOLUNTARY DATE: 00 00 0000  
FEDERAL ID:  
STATUS CODES: A  
ANNUAL CODE: P PREFERRED

ANNUAL CODE: 0.00  
ANNUAL CODE: 0.00  
ANNUAL CODE: 5 1 2017  
ANNUAL CODE: 5  
ANNUAL CODE: 1 1 2005  
ANNUAL CODE: 0 0 0  
ANNUAL CODE: Y  
ANNUAL CODE: Y 2 1 2017 N

UNEMPLOYMENT 0.00 0.00  
UNEMPLOYMENT 0.00 0.00

DATE	EMP ID	EMP DATE	EMP	R/R RATE	S/P RATE
4/1/2011	1	12/31/2011	W	241.6800	241.6800
1/1/2012	1	12/31/2012	W	278.8800	278.8800
1/1/2013	1	12/31/2013	W	295.6100	295.6100
1/1/2014	1	12/31/2017	W	313.3500	313.3500



1437  
2012

8/01/2015- 7/31/2018

## AGREEMENT

by and between

**E&S Parking & Transportation, Inc.**

and

**Teamsters Automotive Chauffeurs, Parts, Garage,  
Office Clerical, Airline, Healthcare, Petroleum Industry,  
Produce, Bakery and Industrial Workers, Within Western  
Pennsylvania and Joint Council #40, Local Union No. 926,  
Affiliated with International Brotherhood of Teamsters.**

by the Collective Bargaining Agreement. Both the Company and Union understand that this agreement must be in place in order for members/employees to opt-down or opt-out of coverage while enrolled in the Western Pennsylvania Teamsters and Employers Welfare Fund.

1. Employee must provide certification that he/she and family have health coverage elsewhere.
2. Such alternate coverage must be identified by group number and name and address of health care provider.
3. Employees may opt-down or opt-out upon eligibility of coverage. Thereafter employees may opt-down or opt-out during the sixty (60) day open enrollment period prior to the anniversary date.
4. Employees who opt-down or opt-out and later require Western Pennsylvania Teamsters and Employers Welfare Fund coverage may "opt-up" or "opt-in" as of the first day of any month by written request during an open period or, at any period if confronted with a "qualifying event" (such as birth/adoption, marriage/divorce, child beyond eligibility, death of a spouse or child, change in spouse's employment status or unpaid leave of absence).

#### **ARTICLE XVI PENSION**

**16.1** The Employer agrees to participate in a program to provide a pension for each employee covered by this Agreement who has eighteen (18) months or more seniority with the Employer.

**16.2** To fulfill this obligation, the Employer shall contribute to the Western Pennsylvania Teamsters and Employer Pension Fund the following sum per week for each such employee participating in the Fund prior to August 1, 1993:

Top Tier (6%)

Effective August 1, 2015	\$ 100.76 per week (\$5.70)
Effective August 1, 2016	\$ 106.81 per week (\$6.05)
Effective August 1, 2017	\$ 113.22 per week (\$6.41)

The Employer shall contribute to the Western Pennsylvania Teamsters and Employers Pension Fund the following sum per week for employees who begin participating in the Fund on or after August 1, 1993:

Second Tier (6%)

Effective August 1, 2015	\$87.23 per week (\$4.94)
Effective August 1, 2016	\$92.46 per week (\$5.23)

Effective August 1, 2017

\$98.01 per week (\$5.55)

**16.3** The Western Pennsylvania Teamsters and Employers Pension Fund shall be the only pension fund that will be acceptable as fulfillment of the Employer's obligation under this Agreement.

**16.4** By execution of this Agreement, the Employer further agrees to enter into any appropriate trust agreements with the Western Pennsylvania Teamsters and Employers Pension Fund as may be necessary for the administration of the Fund, and to designate the Employer Trustees under such agreement, hereby waiving all notice thereof and ratifying all actions already taken or to be taken by such Trustees within the scope of their authority.

**16.5** If an employee, for whom a pension payment is required, is absent because of illness or off-the-job injury and notifies the Employer of such absence, the Employer shall continue to make the required contributions for a period of four (4) weeks. If an employee is injured on the job, the Employer shall continue to pay the required contributions until such employee returns to work. However, such contributions shall not be paid for a period of more than six (6) months. If an employee is granted a leave of absence, the Employer shall collect from said employee prior to the leave of absence being effective, sufficient monies to pay the required contributions into the pension plan during the period of absence.

**16.6** Contributions to the pension fund must be made for each week for each employee even though such employee may not work a full week.

#### **ARTICLE XVII BEREAVEMENT PAY**

**17.1** In the event of a death in an employee's immediate family, namely, spouse, child, step children, parent, step parents, brother, sister, grandchildren, mother-in-law, or father-in-law, an employee shall be paid in full for time lost not to exceed four (4) consecutive days, provided however that one such day shall be the day of the funeral. Two days, the day of the funeral, shall be allowed for grandparents.

#### **ARTICLE XVIII JURY DUTY PAY**

**18.1** When an employee is required to perform Jury Duty, the Employer shall reimburse the employee for the difference between his regular wages and the amount received for such Jury Duty, not to exceed two (2) weeks in any contract year.

#### **ARTICLE XIX DRUG TESTING**



*Handwritten notes:*  
 6% to 7%  
 9/12/11  
 3/23/12  
 3/23/12

# WESTERN PENNSYLVANIA TEAMSTERS AND EMPLOYERS PENSION FUND

49 AUBURN WAY • PITTSBURGH, PA 15206-3663  
 (412) 362-4300 • TOLL FREE (800) 362-4201 • FAX (412) 363-3133  
 Email: [contactus@wppensionfund.com](mailto:contactus@wppensionfund.com) • Website: <http://www.wppensionfund.com>

JAN 28 2011

Western PA Teamsters  
& Employers Pension Fund

## 2010 REHABILITATION PLAN SELECTION FORM

By execution of this form, the undersigned contributing employer and employee bargaining representative (the "Bargaining Parties"), acknowledge their understanding and agree that the annual rate increases owed to the Western Pennsylvania Teamsters and Employers Pension Fund ("Pension Fund") on behalf of employees covered under one or more collective bargaining agreements or participation agreements determine the benefit structure for benefits as described in the Pension Fund's 2010 Rehabilitation Plan.

The Bargaining Parties acknowledge that a copy of the 2010 Rehabilitation Plan has been provided and that they are aware that it sets forth two alternative schedules of contribution and benefit structures, one of which must be selected by the Bargaining Parties when collective bargaining agreements and participation agreements come up for renewal. It also provides for benefit structures which apply in the interim period prior to renewal.

The Bargaining Parties acknowledge their understanding that the "Preferred Schedule" will be deemed to apply to pending agreements which already have a six (6%) percent annual contribution increase in place by the end of 2011. For existing agreements which do not provide for a six (6%) percent contribution increase beginning in 2011, if checked below, the Bargaining Parties hereby agree that the contribution obligation stated in the applicable collective bargaining agreement is amended, effective on the anniversary date of that agreement, by such amount as is necessary to comply with the annual six (6%) percent requirement set forth in the 2010 Rehabilitation Plan. *(Note that if compliance with the Rehabilitation Plan is delayed past 2011, greater contribution increases will be required for selection of the Preferred Schedule in 2012 (8%), 2013 (11%) or 2014 (17%).)*

If checked below, the Bargaining Parties can select the "Default Schedule", however, if selected in 2011, annual contribution increases of eight (8%) are required. Greater increases apply if the Default Schedule is first selected or imposed in 2012 (11%), 2013 (14%) or 2014 (17%).

The Bargaining Parties may choose to retain an existing contribution structure which does not provide for annual six (6%) percent contribution increases for the remaining term of a pending collective bargaining agreement which does not expire in 2011. However, by indicating "No Change" on this form, the Bargaining Parties acknowledge their understanding that the 2010 Rehabilitation Plan provides that for service earned after February 1, 2011, the Multipliers will be reduced by 50% until the pending collective bargaining agreement is renewed and one of the applicable schedules is selected or imposed.

Verification of Contribution and Benefit Structures			
COMPANY NAME:	F & S Parking		
LOCAL UNION:	926		
Fund Account Number(s)			
1937, 2012		PREFERRED SCHEDULE	DEFAULT SCHEDULE
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
			NO CHANGE
			<input type="checkbox"/>

Dated: 1/18/11 By: [Redacted] By: [Redacted]  
 Employer Employee Representative

run

8/02/2018

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND

F1 = COMMENTS

EMPR0030

EMPLOYER MASTER FILE - INQUIRY

ENT.= CONTINUE

1937

926

1937

E & S PARKING INC

OWNER-SHERRY EVERETT

204 FOX RUN DRIVE

VENETIA

PA 15367

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724 942 1224

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PREFERRED

0.00

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8 1 2016	7 31 2017	W	106.8100	106.8100	
8 1 2017	7 31 2018	W	113.2200	113.2200	
8 1 2018	7 31 2019	W	118.9600	118.9600	

8/02/2018

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND

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EMPLOYER MASTER FILE - INQUIRY

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8	1 2015	7 31 2016	W	87.2300	87.2300
8	1 2016	7 31 2017	W	92.4600	92.4600
8	1 2017	7 31 2018	W	98.0100	98.0100
8	1 2018	7 31 2019	W	103.8900	103.8900

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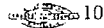
**WESTERN PENNSYLVANIA  
TEAMSTERS AND EMPLOYERS PENSION FUND**

49 AUTO WAY - PO BOX 5260  
PITTSBURGH, PA 15206-0260

(412) 362-4200

TOLL FREE (800) 362-4201

FAX (412) 362-3133



**PARTICIPATION AGREEMENT**

The undersigned Employer, EMPLOYER-TEAMSTERS LOCAL 205 WELFARE FUND, being eligible to participate as an "Employer" in the Western Pennsylvania Teamsters and Employers Pension Fund ("Pension Fund") pursuant to Section 1.7(c) of the Pension Fund's Agreement And Declaration of Trust, as amended ("Trust Agreement"), and Section 2.11(c) of the Pension Fund's Pension Plan, as amended ("Pension Plan"), hereby agrees to make contributions for its eligible clerical employees to the Pension Fund, as follows:

1. The undersigned Employer agrees to be bound by (1) all of the provisions of the Trust Agreement, originally executed on August 27, 1956, and as subsequently amended; (2) all of the provisions of the Pension Plan, originally executed on August 27, 1956, and as subsequently amended; (3) all of the rules and regulations heretofore and hereafter adopted by the Pension Fund's Trustees pursuant to the Trust Agreement and Pension Plan; and (4) all of the actions of the Pension Fund's Trustees in administering the Pension Fund in accordance with the Trust Agreement, Pension Plan, and the adopted rules and regulations; and

2. The undersigned Employer hereby accepts, and irrevocably designates as its Trustees, the present Employer Trustees appointed to the Pension Fund pursuant to the Trust Agreement, and all such past or succeeding Employer Trustees as shall have been or will be appointed in accordance with the Trust Agreement, and the undersigned Employer further agrees to be bound by all actions taken by the Employer Trustees pursuant to the Trust Agreement; and

3. The undersigned Employer agrees to make contributions to the Pension Fund for all of its full-time and part-time clerical employees as required by Sections 1.6 and 1.7 of the Trust Agreement and Sections 2.10 and 2.11 of the Pension Plan, at the weekly contribution rate as follows:

Full-Time Employees

<u>Effective Date Of Contributions</u>	<u>Weekly Contribution Rate</u>
07/01/97	\$103.00
05/01/98	\$105.00
05/01/99	\$107.00

Part-Time Employees

<u>Effective Date Of Contributions</u>	<u>Weekly Contribution Rate</u>
07/01/97	\$ 62.00

The weekly contribution rate may be changed by the Employer and any such change in the weekly contribution rate shall be provided by the Employer to the Pension Fund.

This Participation Agreement shall become effective upon its acceptance by the Trustees, and shall be retroactively effective as of the date of the first contribution made by the undersigned Employer to the Pension Fund, and shall continue in effect until the undersigned Employer is no longer obligated to make contributions to the Pension Fund.

IN WITNESS WHEREOF, the Employer has executed this Participation Agreement this 26th day of August, 1997.

WITNESS

EMPLOYER: EMPLOYER - TEAMSTERS LOCAL  
205 WELFARE FUND

BY: \_\_\_\_\_

TITLE: Trustee

ADDRESS: 1184 Long Run Road

White Oak, PA 15131

ACCEPTANCE OR REJECTION BY TRUSTEES

IN WITNESS WHEREOF, the Trustees of the Western Pennsylvania Teamsters and Employers Pension Fund accept (reject) the Participation Agreement of the above Employer, effective the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

UNION TRUSTEE

EMPLOYER TRUSTEE

**WESTERN PENNSYLVANIA  
TEAMSTERS AND EMPLOYERS PENSION FUND**

10 ALCO WAY • PITTSBURGH, PA 15206-3663  
(412) 362-4200 • TOLL FREE (800) 362-4201 • FAX (412) 362-3133  
E-MAIL: [contactus@wepapensionfund.com](mailto:contactus@wepapensionfund.com) • WEBSITE: <http://www.wepapensionfund.com>

**2010 REHABILITATION PLAN SELECTION FORM**

By execution of this form, the undersigned contributing employer and employee bargaining representative (the "Bargaining Parties"), acknowledge their understanding and agree that the annual rate increases owed to the Western Pennsylvania Teamsters and Employers Pension Fund ("Pension Fund") on behalf of employees covered under one or more collective bargaining agreements or participation agreements determine the benefit structure for benefits as described in the Pension Fund's 2010 Rehabilitation Plan.

The Bargaining Parties acknowledge that a copy of the 2010 Rehabilitation Plan has been provided and that they are aware that it sets forth two alternative schedules of contribution and benefit structures, one of which must be selected by the Bargaining Parties when collective bargaining agreements and participation agreements come up for renewal. It also provides for benefit structures which apply in the interim period prior to renewal.

The Bargaining Parties acknowledge their understanding that the **"Preferred Schedule"** will be deemed to apply to pending agreements which already have a six (6%) percent annual contribution increase in place by the end of 2011. For existing agreements which do not provide for a six (6%) percent contribution increase beginning in 2011, if checked below, the Bargaining Parties hereby agree that the contribution obligation stated in the applicable collective bargaining agreement is amended, effective on the anniversary date of that agreement, by such amount as is necessary to comply with the annual six (6%) percent requirement set forth in the 2010 Rehabilitation Plan. (Note that if compliance with the Rehabilitation Plan is delayed past 2011, greater contribution increases will be required for selection of the Preferred Schedule in 2012 (8%), 2013 (10%) or 2014 (12%).)

If checked below, the Bargaining Parties can select the **"Default Schedule"**; however, if selected in 2011, annual contribution increases of eight (8%) are required. Greater increases apply if the Default Schedule is first selected or imposed in 2012 (11%), 2013 (14%) or 2014 (17%).

The Bargaining Parties may choose to retain an existing contribution structure which does not provide for annual six (6%) percent contribution increases for the remaining term of a pending collective bargaining agreement which does not expire in 2011. However, by indicating **"No Change"** on this form, the Bargaining Parties acknowledge their understanding that the 2010 Rehabilitation Plan provides that for service earned after February 1, 2011, Unit Multipliers will be reduced by 50% until the pending collective bargaining agreement is renewed and one of the applicable schedules is selected or imposed.

Verification of Contribution and Benefit Structures				
COMPANY NAME:	Teamsters Local Union #205			
LOCAL UNION:	205			
Fund Account Number(s)		PREFERRED SCHEDULE	DEFAULT SCHEDULE	NO CHANGE
1998, 2070, 2124, 2242		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dated: 1/13/11

By: \_\_\_\_\_

By: \_\_\_\_\_

Employee Representative

7/19/2017

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND

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EMPLOYER MASTER FILE - INQUIRY

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5/1/2014	4/30/2015	W	169.1700	169.1700	
5/1/2015	4/30/2016	W	179.3200	179.3200	
5/1/2016	4/30/2017	W	190.0800	190.0800	
5/1/2017	4/30/2018	W	201.4800	201.4800	

7/19/2017

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND

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EMPLOYER MASTER FILE - INQUIRY

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5 1 2014	4 30 2015	W	101.0000	101.0000	
5 1 2015	4 30 2016	W	107.0600	107.0600	
5 1 2016	4 30 2017	W	113.4900	113.4900	
5 1 2017	4 30 2018	W	120.3000	120.3000	



# **A G R E E M E N T**

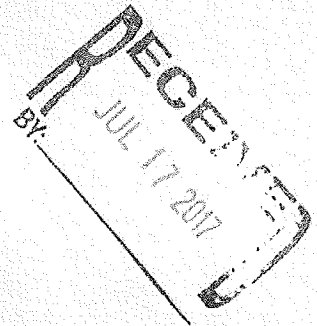
**ERIE CONCRETE & STEEL SUPPLY COMPANY**

**AND**

**GENERAL TEAMSTERS LOCAL UNION NO. 397**

Affiliated with the International

Brotherhood of Teamsters



Effective Date: October 26, 2014  
Termination Date: October 25, 2018

substance screen for 14 months. A positive test will result in discharge.

(E) Refusal to submit to substance screening as outlined above will result in discharge.

## **ARTICLE XVII**

### **PENSION PLAN**

Effective October 26, 2014, the Employer shall contribute to the Western Pennsylvania Teamsters and Employers Pension Fund weekly, per employee, during this Agreement as follows:

10/26/2014 - \$78.27

10/26/2015 - \$82.97

10/26/2016 - \$87.95

10/26/2017 - \$93.23

New employees shall not be covered until they have completed five (5) months of employment.

This Fund shall be the Western Pennsylvania Teamsters and Employers Pension Fund. There shall be no other pension fund under this contract for operations under this contract or for operations to which employers who are party to this contract are also parties.

Contributions to the pension fund must be made for each week for each regular employee even though such employee may work only part time under the provisions of this contract, and although contributions may be made for those into some other pension fund.

If an employee is absent because of illness or off the job injury and notifies the employer of such absence, the employer will continue to make the required contributions for a period of one month. If an employee is injured on the job the employer shall continue to pay the required contributions until such employee returns to work. However, such contributions shall not be paid for a period of more than six (6) months.

## **ARTICLE XVIII**

### **BREAKS/WASH UP**

There will be a fifteen (15) minute break in the 1<sup>st</sup> half of each shift and a ten (10) minute wash up period at the end of each shift.

# WESTERN PENNSYLVANIA TEAMSTERS AND EMPLOYERS PENSION FUND

49 AUTO WAY • PITTSBURGH, PA 15206-3663  
(412) 362-4200 • TOLL FREE (800) 362-4201 • FAX (412) 362-3180  
Email: [contactus@wpapensionfund.com](mailto:contactus@wpapensionfund.com) • WEBSITE: <http://www.wpapensionfund.com>

Western PA Teamsters  
& Employers Pension Fund

## 2010 REHABILITATION PLAN SELECTION FORM

By execution of this form, the undersigned contributing employer and employee bargaining representative (the "Bargaining Parties"), acknowledge their understanding and agree that the annual rate increases owed to the Western Pennsylvania Teamsters and Employers Pension Fund ("Pension Fund") on behalf of employees covered under one or more collective bargaining agreements or participation agreements determine the benefit structure for benefits as described in the Pension Fund's 2010 Rehabilitation Plan.

The Bargaining Parties acknowledge that a copy of the 2010 Rehabilitation Plan has been provided and that they are aware that it sets forth two alternative schedules of contribution and benefit structures, one of which must be selected by the Bargaining Parties when collective bargaining agreements and participation agreements come up for renewal. It also provides for benefit structures which apply in the interim period prior to renewal.

The Bargaining Parties acknowledge their understanding that the "Preferred Schedule" will be deemed to apply to pending agreements which already have a six (6%) percent annual contribution increase in place by the end of 2011. For existing agreements which do not provide for a six (6%) percent contribution increase beginning in 2011, if checked below, the Bargaining Parties hereby agree that the contribution obligation stated in the applicable collective bargaining agreement is amended effective on the anniversary date of that agreement, by such amount as is necessary to comply with the annual six (6%) percent requirement set forth in the 2010 Rehabilitation Plan. (Note that if compliance with the Rehabilitation Plan is delayed past 2011, greater contribution increases will be required for selection of the Preferred Schedule in 2012 (8%), 2013 (10%) or 2014 (12%).)

If checked below, the Bargaining Parties select the "Default Schedule"; however, if selected in 2011, annual contribution increases of eight (8%) are required. If no increase is selected, the Default Schedule is first selected or imposed in 2012 (4%), 2013 (6%) or 2014 (8%).

The Bargaining Parties may choose to retain an existing contribution structure which does not provide for annual six (6%) percent contribution increases for the duration of a pending collective bargaining agreement which does not expire in 2011. However, by checking "No Change" on this form, the Bargaining Parties acknowledge their understanding that the 2010 Rehabilitation Plan provides that for service earned after February 1, 2011, contribution rates will be reduced by 20% until the pending collective bargaining agreement is renewed and one of the applicable schedules is selected or imposed.

Verification of Contribution and Benefit Structures			
COMPANY NAME:	Erie Concrete & Steel Co.		
LOCAL UNION:	397		
Fund Account Number(s)			
1269	PREFERRED SCHEDULE <input checked="" type="checkbox"/>	DEFAULT SCHEDULE <input type="checkbox"/>	NO CHANGE <input type="checkbox"/>

Dated: 10-20-11

By: \_\_\_\_\_

Employer J.S. McCain  
President

By: \_\_\_\_\_

Employee Representative

7/02/2018

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND

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EMPLOYER MASTER FILE - INQUIRY

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LABOR AGREEMENT

BETWEEN

FOX CHAPEL AUTHORITY

AND

GENERAL TEAMSTERS, CHAUFFEURS AND HELPERS,  
LOCAL UNION NO. 249, affiliated with the  
INTERNATIONAL BROTHERHOOD OF TEAMSTERS, CHAUFFEURS,  
WAREHOUSEMEN AND HELPERS OF AMERICA

JUNE 1, 2015 – MAY 31, 2022

2017, \$72.00 in 2018, \$74.00 in 2019, \$76.00 in 2020 and \$78.00 in 2021 per pay.

(b) Employees who are medically unable to work due to an occupational illness or injury shall continue to be entitled to Health and Welfare benefits under this Article for a period of twelve (12) months from the month of their last day worked. In the event of non-occupational illness or injury, said benefits shall continue for a period of six (6) months. In either case, the employee's physician shall provide the Authority with an initial determination of disability and an estimate of anticipated duration. If disability exceeds the doctor's estimate, revised estimates will be provided. In the event additional information is required by the Authority, the Authority will pay any additional cost associated with that requirement. Laid-off employees shall continue on Health and Welfare benefits for three (3) months.

(c) The Authority reserves the right to change carriers/providers for any and all benefits provided in this Article.

(d) Employees shall have the option of refusing healthcare coverage as provided by Paragraph (a) of this Article and accepting \$500.00 per month in lieu of healthcare. Such employees may elect to resume coverage beginning with each new plan year or in the event of a life altering qualifying event as defined by the Plan and in accordance with Plan notice requirements. Premium co-payments required by Paragraph (a) of this Article shall not apply to employees who elect to waive coverage. Retiring or terminated employees and their dependents shall have coverage for the entire month in which they retire or terminate. Deceased employees shall have coverage for their dependent for the month following death.

## **ARTICLE 16 – PENSIONS**

(a) The Employer agrees to participate in a program to provide a pension for each regular full-time employee covered by this Agreement. To fulfill this obligation, the Employer shall contribute to the Western Pennsylvania Teamsters' and Employers' Pension Fund the sum of \$206.70 per week effective June 1, 2015, \$219.10 per week effective June 1, 2016, \$232.24 per week effective June 1, 2017, \$246.18 per week effective June 1, 2018, \$260.95 per week effective June 1, 2019, \$276.60 per week effective June 1, 2020 and \$293.20 per week effective June 1, 2021.

(b) The Employer agrees to enter into appropriate trust agreements with the Western Pennsylvania Teamsters' and Employers' Pension Fund as may be necessary for the administration of the Fund, and to designate the Trustees under such Agreement, hereby waiving all notice thereof and ratifying all actions already taken or to be taken by such Trustees within the scope of their authority.

(c) Employees who are medically unable to work due to an occupational illness or injury shall continue to be entitled to pension contributions under this Article for a period of

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F1      = COMMENTS
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FOX CHAPEL WATER AUTHORITY  
JENNY OR MARK NICELY (X10)  
RIDC INDUSTRIAL PARK  
255 ALPHA DRIVE

PITTSBURGH PA 15238 0  
412 963 212

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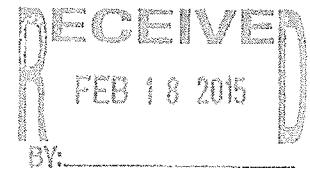
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6	1	2017	5	31	2018	W	232.2400	232.2400
6	1	2018	5	31	2019	W	246.1800	246.1800

NO  
SELECTION



336/250

**AGREEMENT**

**BETWEEN**

**TEAMSTERS LOCAL #250**

**AND**

**FRANK B. FUHRER HOLDINGS, INC**

**d.b.a. FRANK B. FUHRER WHOLESALE COMPANY**

**AND**

**FUHRER EAGLE SALES AND SERVICE**

**EFFECTIVE**

**JANUARY 1, 2015**

**TO**

**DECEMBER 31, 2019**



## **ARTICLE VIII - PENSION PLAN**

A. The Employer shall contribute at a 6% rate of increase compounded annually for the term of the contract to the Western PA Teamsters and Employers Pension Fund for each regular employee covered by this Agreement the following weekly contributions:

January 1, 2015.....	\$104.38 per week per employee
January 1, 2016.....	\$110.64 per week per employee
January 1, 2017.....	\$117.28 per week per employee
January 1, 2018.....	\$124.32 per week per employee
January 1, 2019.....	\$131.78 per week per employee

B. It is understood and agreed that benefits shall become effective only in the case of permanent employees after completion of six (6) months of continuous employment.

## **ARTICLE IX - SENIORITY**

A. Seniority is based on the length of service employees have with the business, which shall include the Employer, his predecessors or successors, ' and seniority shall prevail at all times. Seniority shall accumulate during the employee's absence due to illness, accidents, vacation, layoffs, or while engaged in the service of the Union. (Except as in Para G of this Article). Layoffs and re-employment of persons laid off shall be in accordance with seniority. No regular employee shall be laid off without having first been given notice on or before the preceding Friday. Seniority begins the day the employee becomes a member of the Bargaining Unit.

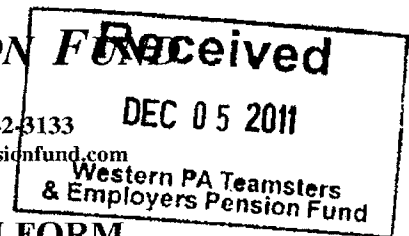
B. Seniority status of any employee who is drafted under the present conscription bill or voluntarily enlists in the armed forces because of the conscription bill and who is obligated to leave the employment of the Employer shall accrue during such absence from the Employer's employ. Upon his discharge from service, said employee shall be reinstated to his job or to a job of like seniority status and pay, unless he shall be physically and mentally disabled, and as a result thereof, unable to do the work of his particular job. If the employee fails to apply to the Employer for reinstatement within ninety (90) days after his discharge from such service, which shall not be dishonorable, the employee shall forfeit the right secured for him by this paragraph.

C. Replace position for position according to seniority (e.g. warehouseman off replacement goes to warehouse; driver off seasonal replacement goes to driver and so on). The Employer shall have the right to employ seasonal help between May 1<sup>st</sup> through December 31<sup>st</sup>. This seasonal help shall be paid a minimum of \$6.00 per hour with no benefits and shall accumulate no seniority. Seniority shall then be credited from the date he becomes a member of the Bargaining Unit. No seasonal help shall be used as long as regular employees are laid off and shall not become members of the Bargaining Unit

In the event regular employees are off due to any reason except laid off, the Employer may extend the seasonal employment of one (1) seasonal employee or recall one seasonal employee for each regular employee who is off due to any reason except laid off, until such time as that regular employee returns to work. The Employer may not extend the seasonal employment of a

# WESTERN PENNSYLVANIA TEAMSTERS AND EMPLOYERS PENSION FUND

49 AUTO WAY • PITTSBURGH, PA 15206-3663  
(412) 362-4200 • TOLL FREE (800) 362-4201 • FAX (412) 362-3133  
EMAIL: [contactus@wpapensionfund.com](mailto:contactus@wpapensionfund.com) • WEBSITE: <http://www.wpapensionfund.com>



## 2010 REHABILITATION PLAN SELECTION FORM

By execution of this form, the undersigned contributing employer and employee bargaining representative (the "Bargaining Parties"), acknowledge their understanding and agree that the annual rate increases owed to the Western Pennsylvania Teamsters and Employers Pension Fund ("Pension Fund") on behalf of employees covered under one or more collective bargaining agreements or participation agreements determine the benefit structure for benefits as described in the Pension Fund's 2010 Rehabilitation Plan.

The Bargaining Parties acknowledge that a copy of the 2010 Rehabilitation Plan has been provided and that they are aware that it sets forth two alternative schedules of contribution and benefit structures, one of which must be selected by the Bargaining Parties when collective bargaining agreements and participation agreements come up for renewal. It also provides for benefit structures which apply in the interim period prior to renewal.

The Bargaining Parties acknowledge their understanding that the "**Preferred Schedule**" will be deemed to apply to pending agreements which already have a six (6%) percent annual contribution increase in place by the end of 2011. For existing agreements which do not provide for a six (6%) percent contribution increase beginning in 2011, if checked below, the Bargaining Parties hereby agree that the contribution obligation stated in the applicable collective bargaining agreement is amended, effective on the anniversary date of that agreement, by such amount as is necessary to comply with the annual six (6%) percent requirement set forth in the 2010 Rehabilitation Plan. (Note that if compliance with the Rehabilitation Plan is delayed past 2011, greater contribution increases will be required for selection of the Preferred Schedule in 2012 (8%), 2013 (10%) or 2014 (12%).)

If checked below, the Bargaining Parties can select the "**Default Schedule**"; however, if selected in 2011, annual contribution increases of eight (8%) are required. Greater increases apply if the Default Schedule is first selected or imposed in 2012 (11%), 2013 (14%) or 2014 (17%).

The Bargaining Parties may choose to retain an existing contribution structure which does not provide for annual six (6%) percent contribution increases for the remaining term of a pending collective bargaining agreement which does not expire in 2011. However, by indicating "**No Change**" on this form, the Bargaining Parties acknowledge their understanding that the 2010 Rehabilitation Plan provides that for service earned after February 1, 2011, Unit Multipliers will be reduced by 50% until the pending collective bargaining agreement is renewed and one of the applicable schedules is selected or imposed.

Verification of Contribution and Benefit Structures			
COMPANY NAME:	Fuhrer Consolidated Inc.		
LOCAL UNION:	250		
Fund Account Number(s)		PREFERRED SCHEDULE	DEFAULT SCHEDULE
336		<input checked="" type="checkbox"/>	<input type="checkbox"/>
			NO CHANGE
			<input type="checkbox"/>

Dated: 12/2/2011 By: Fuhrer Consolidated Inc. By: [Signature] V.P.  
Employer Employee Representative  
Menced into  
FRANK B. FUHRER HOLDINGS, INC.

7/02/2018  
EMPR0030

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND  
EMPLOYER MASTER FILE - INQUIRY

F1 = COMMENTS  
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EMPLOYEE PER 336  
EMPLOYER CODE 250  
EMPLOYEE NAME FRANK B FUHRER HOLDINGS,  
BOBBI HEINL  
ADDRESS 3100 E CARSON STREET  
CITY STATE ZIP PITTSBURGH PA 15203 0  
412 488 8844  
VO. AMOUNT 00.00.0000  
FEDERAL T.D.  
STATUS CODES A  
AGREEMENT CODE P PREFERRED  
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1	1 2017	12 31 2017	W	117.2800	117.2800
1	1 2018	12 31 2018	W	124.3200	124.3200



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# AGREEMENT

BETWEEN

GEORGE W. BLANK SUPPLY COMPANY  
Ellwood City, PA.

AND

TEAMSTERS LOCAL UNION NO. 261  
New Castle, PA.  
Affiliated with the  
International Brotherhood of Teamsters

JUNE 1, 2017 TO MAY 31, 2020

## ARTICLE XIII

### PENSIONS

SECTION 1. The Employer shall contribute to the Western Pennsylvania Teamsters and Employer Pension Plan for each full-time truck driver of the bargaining unit. The Pension Plan and the conditions of its administration shall be part of this Agreement.

SECTION 2. The Employer shall contribute to a pension plan covered under the Western Pennsylvania Teamsters and Employers Pension Plan at the following rates:

	<u>6/1/17</u>	<u>6/1/18</u>	<u>6/1/19</u>
Level 1	<del>\$79.69</del>	<del>\$79.69</del>	<del>\$79.69</del>
Hire date 10-1-93 to 4-1-13			
Level 2	\$71.72	\$71.72	\$71.72
Hire date 4/2/13 to present			

All new hire employees will receive Level 2 pension upon completion of six (6) months of service.

It is agreed that any additional contributions needed to maintain the highest unit multiplier available will be the responsibility of the employee through payroll deduction.

SECTION 3. If a full-time truck driver is absent because of illness or off-the-job injury and notifies the Employer of such absence, the Employer shall continue to make the required contributions for a period of one (1) month. If a full-time truck driver is injured on the job, the Employer shall make

JAN-7-2013 04:58P FROM:

Resend01-07-13;02:33PM;

TO: 7246589925  
Received

JAN 07 2013

Western PA Teamsters  
& Employers Pension Fund**WESTERN PENNSYLVANIA  
TEAMSTERS AND EMPLOYERS PENSION FUND**49 AUTO WAY • PITTSBURGH, PA 15206-3663  
(412) 362-4200 • TOLL FREE (800) 362-4201 • FAX (412) 362-5133  
EMAIL: contactus@wppensionfund.com • WEBSITE: http://www.wppensionfund.com**2010 REHABILITATION PLAN SELECTION FORM**

By execution of this form, the undersigned contributing employer and employee bargaining representative (the "Bargaining Parties"), acknowledge their understanding and agree that the annual rate increases owed to the Western Pennsylvania Teamsters and Employers Pension Fund ("Pension Fund") on behalf of employees covered under one or more collective bargaining agreements or participation agreements determine the benefit structure for benefits as described in the Pension Fund's 2010 Rehabilitation Plan.

The Bargaining Parties acknowledge that a copy of the 2010 Rehabilitation Plan has been provided and that they are aware that it sets forth two alternative schedules of contribution and benefit structures, one of which must be selected by the Bargaining Parties when collective bargaining agreements and participation agreements come up for renewal. It also provides for benefit structures which apply in the interim period prior to renewal.

The Bargaining Parties acknowledge their understanding that the "Preferred Schedule" will be deemed to apply to pending agreements which already have a six (6%) percent annual contribution increase in place by the end of 2011. For existing agreements which do not provide for a six (6%) percent contribution increase beginning in 2011, if checked below, the Bargaining Parties hereby agree that the contribution obligation stated in the applicable collective bargaining agreement is amended, effective on the anniversary date of that agreement, by such amount as is necessary to comply with the annual six (6%) percent requirement set forth in the 2010 Rehabilitation Plan. (Note that if compliance with the Rehabilitation Plan is delayed past 2011, greater contribution increases will be required for selection of the Preferred Schedule in 2012 (8%), 2013 (10%) or 2014 (12%).)

If checked below, the Bargaining Parties can select the "Default Schedule"; however, if selected in 2011, annual contribution increases of eight (8%) are required. Greater increases apply if the Default Schedule is first selected or imposed in 2012 (11%), 2013 (14%) or 2014 (17%).

The Bargaining Parties may choose to retain an existing contribution structure which does not provide for annual six (6%) percent contribution increases for the remaining term of a pending collective bargaining agreement which does not expire in 2011. However, by indicating "No Change" on this form, the Bargaining Parties acknowledge their understanding that the 2010 Rehabilitation Plan provides that for service earned after February 1, 2011, Unit Multipliers will be reduced by 50% until the pending collective bargaining agreement is renewed and one of the applicable schedules is selected or imposed.

Verification of Contribution and Benefit Structures		
COMPANY NAME:	George W. Blank Supply	
LOCAL UNION:	261	
2045, 2384	Card Account Number(s)	
PREFERRED SCHEDULE	DEFAULT SCHEDULE	NO CHANGE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dated: 1/7/13

By:

By:

Employee Representative

7/02/2018

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND

F1 = COMMENTS

EMPR0030

EMPLOYER MASTER FILE - INQUIRY

ENT.= CONTINUE

2184

261

GROUP 1973

GEORGE W BLANK SUPPLY

DAVE

HIRED 4/2/2014

P.O. BOX 591

ELLWOOD CITY PA 16117 0

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DATE	DATE	DATE	DATE	DATE	DATE
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6 1 2016	5 31 2017	W	71.7200	71.7200	
6 1 2017	5 31 2018	W	76.0200	76.0200	
6 1 2018	5 31 2019	W	80.5800	80.5800	

7/02/2018

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND

F1 = COMMENTS

EMPR0030

EMPLOYER MASTER FILE - INQUIRY

ENT.= CONTINUE

2049

261

1973

GEORGE W BLANK SUPPLY CO

DAVE

HIRED PRIOR TO 4/2/2014

PO BOX 591

ELLWOOD CITY

PA 16117

0

724.758 7596

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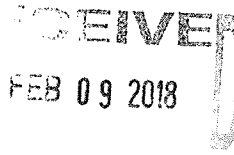
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Y

N

DATE	EMP NO	EMP NAME	EMP TYPE	RATE	AMOUNT
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6 1 2016	5 31 2017	W	79.6900	79.6900	
6 1 2017	5 31 2018	W	84.4700	84.4700	
6 1 2018	5 31 2019	W	89.5400	89.5400	





BBU & IBT 926

CBA 7006-50.

**Extension Agreement  
Between  
Bimbo Bakeries USA, Inc.,  
AND  
Teamsters Local 926**

---

**BBU Contract #7006-50**

**January 30, 2018**

It is hereby agreed between Bimbo Bakeries USA, Inc., (the Company) and Teamsters Union Local 926 (the Union) to extend the current Collective Bargaining Agreement (CBA) covering bargaining unit employees at the Leetsdale, PA Sales Center. Specifically, the CBA (expiring on July 1, 2017) is hereby extended until 12:01 a.m. on February 1, 2018 or until a ratified successor agreement is reached.

The extension of the CBA referenced above will be extended until 12:01 am on September 1, 2018. All provisions of the existing IBT 926 CBA shall remain unchanged with the exception of the following:

1. Add new Health Care Language to read as follows: The Company will maintain the Union Health Plan Benefits until the expiration of the extension of September 1, 2018.
2. Add new Pension Plan Language to read as follows: The Company will maintain the Union Pension Benefit until the expiration of the extension on September 1, 2018.
3. Anything not mentioned in this extension will remain status quo for the life of the agreement.
4. Modify Article 35 to reflect new contract expiration date of September 1, 2018.

BBU & IBT 926

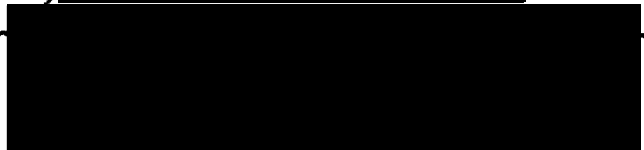
CBA 7006-50

This contract extension agreement is recommended by the Union Negotiating Committee

For the Company:



For the Union:



Date: 2/8/18

Date: 2/1/2018

Contract 7006-50

EXTENSION  
8027  
8013  
STAGGERMAN

**OROGRAINS BAKERIES SALES, INC.**  
**(FORMERLY D/B/A GEORGE WESTON BAKERIES, INC.)**

**- AND -**

**INTERNATIONAL BROTHERHOOD OF  
TEAMSTERS,  
LOCAL 926**

**Pittsburgh**

**July 11, 2013 through July 15, 2017**

pay for not more than three (3) days as may be required in arranging for and attending the funeral. Not more than two (2) additional days may be granted for the death of the Employee's spouse, child, stepchild, mother, or father..

**Section 2** – The Company may require proof of death before making a payment under this clause.

**Section 3** – Pay for funeral leave shall be applicable after Employees complete the seventy-five (75) day trial period.

#### **ARTICLE 24 – HEALTH AND WELFARE:**

The Company agrees to contribute and participate in the Bakery Drivers Health and Welfare Plan through Local 926 for each employee to whom this agreement is applicable at the rate on three hundred and twenty-three (\$323.00) dollars per week, effective October 1, 2013, for each week such employee is paid for three (3) days work. Payments will continue to be made to the fund when an employee is off work due to a workers compensation case for a period of time not to exceed six (6) months. For a bonafide off the job illness or injury payments will continue to be made to the fund for a period of time not to exceed three (3) months.

Effective October 1, 2014, the rate of this contribution will be increased to three hundred and forty-eight (\$348.00) dollars per week to maintain the current level of benefits. Effective October 1, 2015, the rate of this contribution will be increased to three hundred and seventy-three (\$373.00) per week to maintain the current level of benefits.

Effective July 1, 2016, it is agreed that the Company will pay a maximum of 9% of the previous year's weekly contribution rate (10/1/15) in the weekly amount charged, for the new July 1, 2016 contribution rates, with the understanding that any additional cost in excess of the 9% increase will be the responsibility of the individual employees through weekly payroll deductions.

The Company shall make the following weekly payroll deductions from each eligible employee for purposes of employee contributions towards the cost of health insurance:

May 1, 2013: \$20

July 1, 2014: 5% per week of the monthly medical premiums

July 1, 2016 6% per week of the monthly medical premiums

#### **ARTICLE 25 – PENSIONS:**

The Company agrees to contribute to the fund, which has been established under the Western Pennsylvania Teamsters and Employers Pension Fund for each Employee to whom this agreement is applicable.

- (a) Effective July 1, 2013, the rate of this contribution shall be two hundred twenty-two dollars (\$220.60) and sixty cents per week for each week in which an employee is paid for three days work.
- (b) Effective July 1, 2014, the rate of this contribution shall be two hundred thirty-five dollars (\$235.96) and ninety-six cents per week for each week in which an employee is paid for three days work.
- (c) Effective July 1, 2015, the rate of this contribution shall be two hundred fifty dollars (\$250.12) and twelve cents per week for each week in which an employee is paid for three days work.
- (d) Effective July 1, 2016, the rate of this contribution shall be two hundred sixty-five dollars (\$265.13) and thirteen cents per week for each week in which an employee is paid for three days work.
- (e) The Company will pay pension contributions for part time clerks who are scheduled to work 24 hours or more per week. Thrift store clerks who work more than 1300 hours in the previous year (January 1<sup>st</sup> through December 31<sup>st</sup>) will be entitled to Health and Welfare benefits for the following year.
- (f) The Company will agree to pay pension contributions retro to January 1, 2001 for Bonnie Duffy and will guarantee her to be scheduled at least 24 hours per week.

## **ARTICLE 26 – BIMBO BAKERIES USA UNION SAVINGS PLAN**

**Section 1** – As of July 1, 2014 employees covered by this collective bargaining agreement are eligible to participate in the Company-sponsored Bimbo Bakeries USA Union Savings Plan. There will be no company match or company contributions.

Specific details regarding all other plan provisions are described in the plan document. Except as otherwise provided in this article, nothing contained in this agreement shall supersede the terms of the plan as described in the Plan document nor prevent the Company from making changes to the Plan. Any changes or revisions to the Plan document shall be automatically extended to those employees who are covered under this collective bargaining agreement and have an existing benefit in the Plan.

## **ARTICLE 27 – SALES METHODS AND DISTRIBUTIONS:**

**Section 1** – The Union and Company recognize the changes that have occurred in retail food store, i.e., the rapid disappearance of small individual stores and their replacement at an accelerated rate by the large corporate and cooperative food chain, and accordingly it may be necessary to recognize the appropriateness of considering changes in the delivery, merchandising and compensation methods.

**Section 2** – In view of this the Company may at anytime request a meeting with the Union for the purpose of negotiating and mutually agreeing on different delivery and sales methods, or methods of compensation which may be desirable under such changed conditions.

6%  
default  
Preferred

# WESTERN PENNSYLVANIA TEAMSTERS AND EMPLOYERS PENSION FUND

40 ALTO WAY • PITTSBURGH, PA 15206-3663  
(412) 362-4200 • TOLL FREE (800) 362-1201 • FAX (412) 362-3133 JAN 20 2011  
Internet: [contacts.wppensionfund.com](http://contacts.wppensionfund.com) • Website: <http://www.wppensionfund.com>

Western PA Teamsters  
& Employers Pension Fund

## 2010 REHABILITATION PLAN SELECTION FORM

By execution of this form, the undersigned contributing employer and employee bargaining representative (the "Bargaining Parties"), acknowledge their understanding and agree that the annual rate increases owed to the Western Pennsylvania Teamsters and Employers Pension Fund ("Pension Fund") on behalf of employees covered under one or more collective bargaining agreements or participation agreements determine the benefit structure for benefits as described in the Pension Fund's 2010 Rehabilitation Plan.

The Bargaining Parties acknowledge that a copy of the 2010 Rehabilitation Plan has been provided and that they are aware that it sets forth two alternative schedules of contribution and benefit structures, one of which must be selected by the Bargaining Parties when collective bargaining agreements and participation agreements come up for renewal. It also provides for benefit structures which apply in the interim period prior to renewal.

The Bargaining Parties acknowledge their understanding that the "Preferred Schedule" will be deemed to apply to pending agreements which already have a six (6%) percent annual contribution increase in place by the end of 2011. For existing agreements which do not provide for a six (6%) percent contribution increase beginning in 2011, if checked below, the Bargaining Parties hereby agree that the contribution obligation stated in the applicable collective bargaining agreement is amended, effective on the anniversary date of that agreement, by such amount as is necessary to comply with the annual six (6%) percent requirement set forth in the 2010 Rehabilitation Plan. (Note that if compliance with the Rehabilitation Plan is delayed past 2011, greater contribution increases will be required for selection of the Preferred Schedule in 2012 (8%), 2013 (10%) or 2014 (12%).)

If checked below, the Bargaining Parties can select the "Default Schedule"; however, if selected in 2011, annual contribution increases of eight (8%) are required. Greater increases apply if the Default Schedule is first selected or imposed in 2012 (11%), 2013 (14%) or 2014 (17%).

The Bargaining Parties may choose to retain an existing contribution structure which does not provide for annual Six (6%) percent contribution increases for the remaining term of a pending collective bargaining agreement which does not expire in 2011. However, by indicating "No Change" on this form, the Bargaining Parties acknowledge their understanding that the 2010 Rehabilitation Plan provides that for service earned after February 1, 2011, Unit Multipliers will be reduced by 30% until the pending collective bargaining agreement is renewed and one of the applicable schedules is selected or imposed.

Verification of Contribution and Benefit Structures			
COMPANY NAME:	George Weston Bakeries (Thomas', Entenmann's, Stroehmann)		
LOCAL UNIONS:	926		
Fund Account Number(s)		PREFERRED SCHEDULE	DEFAULT SCHEDULE
2143, 8013, 8027		<input checked="" type="checkbox"/>	<input type="checkbox"/>
			NO CHANGE
			<input type="checkbox"/>

Dated: 1/16/11

By: [Redacted]

Employer

By: [Redacted]

Employee Representative

George Weston Bakeries, Inc.

7/02/2018

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND

F1 = COMMENTS

EMPR0030

EMPLOYER MASTER FILE - INQUIRY

ENT.= CONTINUE

8027

926

8027

ENTENMANN'S

DEBRA ALLENDER

BIMBO BAKERIES, USA, INC

DEBRA ALLENDER

10 FOX RUN RD STE 1

DRUMS PA 18222

570 819 8418

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281.0400

7 1 2018

6 30 2019

W

297.9100

297.9100

7/02/2018

EMPR0030

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND

EMPLOYER MASTER FILE - INQUIRY

F1 = COMMENTS

ENT.= CONTINUE

8013

926

8013

STROEHMANN BAKERIES INC

DEBRA ALLENDER

BIMBO BAKERIES, USA

DEBRA ALLENDER

10 FOX RUN RD

DRUMS

570 819 8418

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PA 18222

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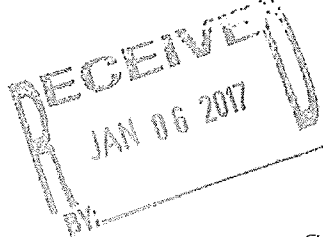
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7	1	2015	6	30	2016	W	250.1200	250.1200
7	1	2016	6	30	2017	W	265.1300	265.1300
7	1	2017	6	30	2018	W	281.0400	281.0400
7	1	2018	6	30	2019	W	297.9100	297.9100







days total, with the accumulated sick leave being carried over from year to year. Any unused accumulated sick days shall not be reimbursed.

- C. In the event an employee utilizes three (3) days or more consecutive sick leave or in the event of abuse of sick leave, the Employer will require a doctor's certificate.
- D. Any accumulated sick leave that an employee has at the time of retirement shall be sold back to the Employee at a rate of fifty dollars (\$50.00) per day for each day of accumulation.

#### ARTICLE XIV: INSURANCE AND PENSION

- A. Health insurance shall be provided through the Teamsters Local 261 Health and Welfare Fund. The Employer pays the full cost of the premium for the term of the labor agreement
- B. The Employer shall make pension contributions for each road crew employee covered under this Agreement to the Western Pennsylvania Teamsters Employees Pension Plan at the following rates per week: ✓

New Hire to five years of employment - \$50.00 per week

Six years of employment - \$80.00 per week

Seven to eight years of employment - \$85.00 per week

Nine to ten years of employment - \$90.00 per week

After ten years of employment - \$155.00 per week #1733

- C. The Secretary/Treasurer shall have the following amounts of money made available to him/her to be used exclusively for either health benefits or pension benefits at the employee's discretion:

2016 - \$5252.00 per year

2017 - \$5252.00 per year

2018 - \$5252.00 per year

#171 #2171

*Rates adjusted as shown on system per Rd Plan.*

7/03/2018  
EMPR0030

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND  
EMPLOYER MASTER FILE - INQUIRY

F1 = COMMENTS  
ENT. = CONTINUE

1733  
538  
GILPIN TOWNSHIP  
SHARON LONG  
589 STATE ROUTE 66  
LEECHBURG PA 15656  
724 845 981

VOL. WHT. DATE 00/00.0000  
FEDERAL J.D. #  
STATUS CODES: A  
AGRMNT CODE: P PREFERRED

PENALTY RATE 0.00  
PRGM. NOTE 0.00  
E/P DATE 5 1 2018  
E/P RATE 1  
ENTRY DATE 10 1 1977  
EXPIRATION 0 0 0  
CONTRACT Y/M Y  
MSTR. FREIGHT: N EXCP. CODE  
PART. AGRMNT Y: Y 2337 - Y/M: N

OVERPAYMENT INVOICE 0.00 0.00  
OVERPAYMENT ADJUST. 0.00 0.00

YEAR	E/P DATE	EXP. DATE	LYP	E/P RATE	S/P RATE
6	1 2015	5 31 2016	W	205.3400	205.3400
6	1 2016	5 31 2017	W	240.2500	240.2500
6	1 2017	5 31 2018	W	240.2500	240.2500
6	1 2018	5 31 2019	W	254.6700	254.6700

No  
SELECTION

7/03/2018  
EMPR0030

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND  
EMPLOYER MASTER FILE - INQUIRY

F1 = COMMENTS  
ENT. = CONTINUE

EMPLOYEE ID: 2171  
EMPLOYEE LOCAL: 538  
EMPLOYEE NAME: GILPIN TOWNSHIP / SECRETARY  
CONTACT NAME: SHARON R. LONG  
ADDRESS: 589 STATE ROUTE 66  
CITY/STATE/ZIP: LEECHBURG PA 15656-0  
TELEPHONE NBR: (724) 845 981

VOL. & TR. DATE: 00/00/0000  
FEDERAL T.D.:  
STATUS CODES: A -  
AGREEMENT CODE: P PREFERRED  
PENALTY PAY: 0.00  
PROB. NOTICE: 0.00  
L/R DATE: 5 1 2018  
L/R REASON: 1  
ENTRY DATE: 0 0 0  
EXPIRATION: 0 0 0  
CONTRACT? Y/N: Y  
ASSN. AGREEMENT: LACIA 1000  
PART. AGREEMENT: 1000 1000 N

	CURR. LNI	TOTAL
OVERPAYMENT ADJUST	0.00	0.00
UNDERPAYMENT ADJUST	0.00	0.00

AGE	EXP. DATE	EXP. DATE	EXP. DATE	EXP. RATE	EXP. RATE
1	6 1 2015	5 31 2016	W	130.3600	130.3600
2	6 1 2016	5 31 2017	W	152.5300	152.5300
3	6 1 2017	5 31 2018	W	152.5300	152.5300
4	6 1 2018	5 31 2019	W	161.6800	161.6800

APP	EXP DATE	EXP DATE	W/P	W/P DATE	W/P BAL
1	10 1 2014	9 30 2015	W	52.6500	52.6500
2	10 1 2015	9 30 2016	W	61.6000	61.6000
3	10 1 2016	9 30 2017	W	72.0800	72.0800
4	10 1 2017	9 30 2018	W	72.0800	72.0800

**Received**

**DEC 06 2013**

**Western PA Teamsters  
& Employers Pension Fund**

930



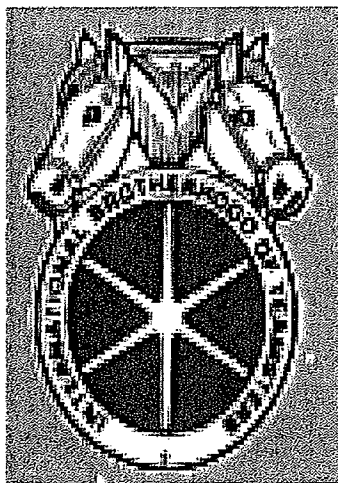
**AGREEMENT**

**Between**

**GORDON TERMINAL SERVICE COMPANY**

**And**

**TEAMSTERS AUTOMOTIVE CHAUFFEURS, PARTS, GARAGE, OFFICE  
CLERICAL, AIRLINE, HEALTHCARE, PETROLEUM INDUSTRY, PRODUCE,  
BAKERY, and INDUSTRIAL WORKERS, WITHIN PENNSYLVANIA and JOINT  
COUNCIL #40, LOCAL UNION NO. 926, affiliated with the International Brotherhood of  
Teamsters**



## ARTICLE 20 - Pension

- 1) The Company agrees to contribute to the Western Pennsylvania Teamsters and Employers Pension Fund the following rates effective July 1, 2013, and continuing for the term of this Agreement, for each eligible regular employee covered by this Agreement.

Effective July 1, 2013 – (\$259.06) – Two Hundred Fifty-Nine Dollars and six cents per week.

Effective July 1, 2014 – (\$274.61) – Two Hundred Seventy-Four Dollars and sixty-one cents per week.

Effective July 1, 2015 – (\$291.08) – Two Hundred Ninety-One Dollars and eight cents per week.

Effective July 1, 2016 – (\$308.55) – Three Hundred Eight Dollars and fifty-five cents per week.

Effective July 1, 2017 – (\$327.06) – Three Hundred Twenty-Seven Dollars and six cents per week.

Contribution to the pension fund must be made for each week for each regular employee, provided such employee works any part of the week. Earned vacations and paid holidays as well as regular working hours, will constitute the basis for this contribution, provided, in the event of an occupational injury under which the employee is receiving compensation pursuant to this Agreement, the Company shall continue to make the required contributions until such employee is able to return to work, and provided also, such contributions shall not be paid for a period of more than six (6) months. In all other cases, including non-occupational injury, occupational injury not compensated for under the provisions of this Agreement, lay-offs, leaves of absences, etc., the Company will not be required to make contributions to this fund.

7/02/2018  
EMPR0030

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND  
EMPLOYER MASTER FILE - INQUIRY

F1 = COMMENTS  
ENT.= CONTINUE

930  
926  
GORDON TERMINAL SERVICE CO  
JANE  
P O BOX 313

MCKEES ROCKS PA 15136 0  
412 331 9410

00 00 0000

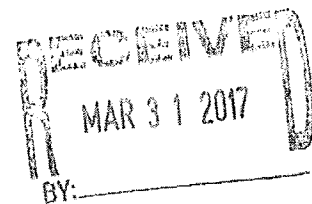
A  
P PREFERRED

PENALTY RATE 0.00  
FROM RATE 0.00  
L/R RATE 5 1 2018  
L/R RATE 69  
L/R RATE 7 1 1965  
L/R RATE 0 0 0  
L/R RATE Y  
L/R RATE N  
L/R RATE N

0.00 0.00  
0.00 0.00

No  
SELECTION  
EXT  
8-31-18

HRN	DATE	EMP DATE	TYPE	L/R RATE	SCR RATE
7 1	2015	6 30 2016	W	291.0800	291.0800
7 1	2016	6 30 2017	W	308.5500	308.5500
7 1	2017	6 30 2018	W	327.0600	327.0600
7 1	2018	6 30 2019	W	346.6900	346.6900



AGREEMENT

Between

GOSS INC.

And

TEAMSTERS LOCAL UNION  
NO. 250

TERM

December 1, 2016

through

November 30, 2019



2. Regardless of previous practices, sickness benefits shall commence on the fifteenth (15) day of sickness and accident benefits on the first day of the accident. However, no employee on layoff shall be eligible for Sick and Accident benefits or any other benefit.

D. Employer shall contribute to the Western Pennsylvania Teamsters and Employers Pension Fund for each regular full-time employee covered by this Agreement who has completed the probationary period. The parties agree that the pension contribution by the employer shall be made on the following schedule:

<u>Effective</u>	<u>Amount Per Week</u>
January 1, 2016	\$66.16
January 1, 2017	To be determined
January 1, 2018	To be determined

If, in accordance with a duly adopted funding improvement plan or rehabilitation plan, an IBT Pension Fund is required to issue a schedule pursuant to ERISA Section 305 (added by the Pension Protection Act of 2006) that requires contributions in excess of those contained within this Article, the Union and the Employer shall promptly meet to negotiate changes in the Agreement to generate sufficient savings to cover the cost of the increased contributions. Agreement shall not be unreasonably withheld. Once completed, the applicable Fund shall be obligated to accept the schedule as if it was the beginning of the term of a new labor agreement.

This fund shall be the Western Pennsylvania Teamsters and Employers Pension Fund. If an employee is absent because of illness or off-job injury and notifies the Employer of such absence, the Employer shall continue to make the required contributions for a period of four (4) weeks. If an employee is injured on the job, the Employer shall continue to pay the required contributions until such employee returns to work; however, such contributions shall not be paid for a period of more than six (6) months. No weekly contributions shall be required to be made

Received

APR - 6 2011

Western PA Teamsters  
Employers Pension Fund

# WESTERN PENNSYLVANIA TEAMSTERS AND EMPLOYERS PENSION FUND

49 AUTO WAY • PITTSBURGH, PA 15206-3663

(412) 362-4200 • TOLL FREE (800) 362-4201 • FAX (412) 362-3133

EMAIL: [contactus@wpapensionfund.com](mailto:contactus@wpapensionfund.com) • WEBSITE: <http://www.wpapensionfund.com>

## 2010 REHABILITATION PLAN SELECTION FORM

By execution of this form, the undersigned contributing employer and employee bargaining representative (the "Bargaining Parties"), acknowledge their understanding and agree that the annual rate increases owed to the Western Pennsylvania Teamsters and Employers Pension Fund ("Pension Fund") on behalf of employees covered under one or more collective bargaining agreements or participation agreements determine the benefit structure for benefits as described in the Pension Fund's 2010 Rehabilitation Plan.

The Bargaining Parties acknowledge that a copy of the 2010 Rehabilitation Plan has been provided and that they are aware that it sets forth two alternative schedules of contribution and benefit structures, one of which must be selected by the Bargaining Parties when collective bargaining agreements and participation agreements come up for renewal. It also provides for benefit structures which apply in the interim period prior to renewal.

The Bargaining Parties acknowledge their understanding that the "Preferred Schedule" will be deemed to apply to pending agreements which already have a six (6%) percent annual contribution increase in place by the end of 2011. For existing agreements which do not provide for a six (6%) percent contribution increase beginning in 2011, if checked below, the Bargaining Parties hereby agree that the contribution obligation stated in the applicable collective bargaining agreement is amended, effective on the anniversary date of that agreement, by such amount as is necessary to comply with the annual six (6%) percent requirement set forth in the 2010 Rehabilitation Plan. (Note that if compliance with the Rehabilitation Plan is delayed past 2011, greater contribution increases will be required for selection of the Preferred Schedule in 2012 (8%), 2013 (10%) or 2014 (12%).)

If checked below, the Bargaining Parties can select the "Default Schedule"; however, if selected in 2011, annual contribution increases of eight (8%) are required. Greater increases apply if the Default Schedule is first selected or imposed in 2012 (11%), 2013 (14%) or 2014 (17%).

The Bargaining Parties may choose to retain an existing contribution structure which does not provide for annual six (6%) percent contribution increases for the remaining term of a pending collective bargaining agreement which does not expire in 2011. However, by indicating "No Change" on this form, the Bargaining Parties acknowledge their understanding that the 2010 Rehabilitation Plan provides that for service earned after February 1, 2011, Unit Members will be reduced by 30% until the pending collective bargaining agreement is renewed and one of the applicable schedules is selected or imposed.

Verification of Contribution and Benefit Structures				
COMPANY NAME:	Goss Inc.			
LOCAL UNION:	250			
Fund Account Number(s)				
1670		PREFERRED SCHEDULE	DEFAULT SCHEDULE	NO CHANGE
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dated: 4-6-11

By:

Employer

By:

Employee/Representative

7/02/2018

EMPR0030

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND

EMPLOYER MASTER FILE - INQUIRY

F1 = COMMENTS

ENT.= CONTINUE

1670

250

GOSS INC

ARLENE GUZZO

PO BOX 57

1670

GLENSHAW

412 486 6100

PA 15116

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DATE	PLAN	DATE	PLAN	DATE	PLAN	DATE	PLAN
12 1 2014	11 30 2015	W	58.8800	58.8800			
12 1 2015	11 30 2016	W	62.4100	62.4100			
12 1 2016	11 30 2017	W	66.1600	66.1600			
12 1 2017	11 30 2018	W	70.1300	70.1300			

1402-  
2011

January 1, 2016 - December 31, 2018

## AGREEMENT

by and between

**Grant Oliver Corporation**

and

**TEAMSTERS AUTOMOTIVE CHAUFFEURS, PARTS,  
GARAGE, OFFICE CLERICAL, AIRLINE, HEALTH  
CARE, PETROLEUM INDUSTRY, PRODUCE,  
BAKERY AND INDUSTRIAL WORKERS WITHIN  
WESTERN PENNSYLVANIA AND JOINT  
COUNCIL #40 LOCAL UNION 926, AFFILIATED  
WITH THE INTERNATIONAL BROTHERHOOD OF  
TEAMSTERS.**

by the Health Program, the Employer shall be individually liable for all benefits that would be due and owing under this Agreement to such employee or employees.

**15.4** (A) It is understood and agreed that if Healthcare increases by more than fifteen (15%) percent the third year of the agreement the parties will search for a new Plan with the same benefit level at a lower cost.

(B) Employees, who can show proof of coverage elsewhere, may "opt out" of the health care required by this Agreement and receive a payment of two hundred fifty (\$250.00) dollars per month single; three hundred fifty (\$350.00) dollars per month for family or other groups. The Employer will continue to pay for all ancillary benefits for employees that opt out.

(C) An employee electing a "opt out" may not re enter the plan unless there has been a life altering event or at the yearly renewal period.

## **ARTICLE XVI PENSION**

**16.1** The Employer agrees to participate in a program to provide a pension for each employee covered by this Agreement who has eighteen (18) months or more seniority with the Employer. Any current employee hired prior to December 31, 2009 will be grandfathered at twelve (12) months.

**16.2** To fulfill this obligation, the Employer shall contribute to the Western Pennsylvania Teamsters and Employer Pension Fund the following sum per week for each such employee participating in the Fund prior to August 1, 1993:

### Top Tier (6%)

Effective January 1, 2016	\$100.76 per week (\$5.70)
Effective January 1, 2017	\$106.81 per week (\$6.05)
Effective January 1, 2018	\$113.22 per week (\$6.41)

The Employer shall contribute to the Western Pennsylvania Teamsters and Employers Pension Fund the following sum per week for employees who begin participating in the Fund on or after August 1, 1993:

### Second Tier (6%)

Effective January 1, 2016	\$87.23 per week (\$4.94)
Effective January 1, 2017	\$92.46 per week (\$5.23)
Effective January 1, 2018	\$98.01 per week (\$5.55)

**16.3** The Western Pennsylvania Teamsters and Employers Pension Fund shall be the only pension fund that will be acceptable as fulfillment of the Employer's obligation under this Agreement.

**Received****JAN 10 2013****Western PA Teamsters  
& Employers Pension Fund****2010 REHABILITATION PLAN SELECTION FORM**

By execution of this form, the undersigned contributing employer and employee bargaining representative (the "Bargaining Parties"), acknowledge their understanding and agree that the annual rate increases owed to the Western Pennsylvania Teamsters and Employers Pension Fund ("Pension Fund") on behalf of employees covered under one or more collective bargaining agreements or participation agreements determine the benefit structure for benefits as described in the Pension Fund's 2010 Rehabilitation Plan.

The Bargaining Parties acknowledge that a copy of the 2010 Rehabilitation Plan has been provided and that they are aware that it sets forth two alternative schedules of contribution and benefit structures, one of which must be selected by the Bargaining Parties when collective bargaining agreements and participation agreements come up for renewal. It also provides for benefit structures which apply in the interim period prior to renewal.

The Bargaining Parties acknowledge their understanding that the "Preferred Schedule" will be deemed to apply to pending agreements which already have a six (6%) percent annual contribution increase in place by the end of 2011. For existing agreements which do not provide for a six (6%) percent contribution increase beginning in 2011, if checked below, the Bargaining Parties hereby agree that the contribution obligation stated in the applicable collective bargaining agreement is amended, effective on the anniversary date of that agreement, by such amount as is necessary to comply with the annual six (6%) percent requirement set forth in the 2010 Rehabilitation Plan. *(Note that if compliance with the Rehabilitation Plan is delayed past 2011, greater contribution increases will be required for selection of the Preferred Schedule in 2012 (8%), 2013 (10%) or 2014 (12%)).*

If checked below, the Bargaining Parties can select the "Default Schedule"; however, if selected in 2011, annual contribution increases of eight (8%) are required. Greater increases apply if the Default Schedule is first selected or imposed in 2012 (11%), 2013 (14%) or 2014 (17%).

The Bargaining Parties may choose to retain an existing contribution structure which does not provide for annual six (6%) percent contribution increases for the remaining term of a pending collective bargaining agreement which does not expire in 2011. However, by indicating "No Change" on this form, the Bargaining Parties acknowledge their understanding that the 2010 Rehabilitation Plan provides that for service earned after February 1, 2011, Unit Multipliers will be reduced by 50% until the pending collective bargaining agreement is renewed and one of the applicable schedules is selected or imposed.

Verification of Contribution and Benefit Structures				
COMPANY NAME:	Grant Oliver Corp.			
LOCAL UNION:	926			
Fund Account Number(s)		PREFERRED SCHEDULE	DEFAULT SCHEDULE	NO CHANGE
1902, 2011		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dated: 1-10-13By: 

Employer

By: 

Employee Representative

7/02/2018

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND

F1 = COMMENTS

EMPR0030

EMPLOYER MASTER FILE - INQUIRY

ENT.= CONTINUE

1902

926

1902

GRANT OLIVER CORP

IEVA (YEVVA) EXT 273

C/O ALCO

D L CLARK BLDG

501 MARTINDALE STREET

PITTSBURGH PA 15212-5844

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DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
1	1	2015	12 31 2015	W	95.0600	95.0600	
1	1	2016	12 31 2016	W	100.7600	100.7600	
1	1	2017	12 31 2017	W	106.8100	106.8100	
1	1	2018	12 31 2018	W	113.2200	113.2200	

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F1 = COMMENTS
ENT. = CONTINUE
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PENALTY BAL.	0.00
PRON. NOTE:	0.00
L/R DATE	5 1 2018
L/R REASON	8
LURRY DATE	8 1 1993
LURRY REASON	0 0 0
CHARGE	Y
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YEAR	LINE	DATE	EXP DATE	W/O	4/30 BAL	5/31 BAL
	1	1 2015	12 31 2015	W	82.2900	82.2900
	1	1 2016	12 31 2016	W	87.2300	87.2300
	1	1 2017	12 31 2017	W	92.4600	92.4600
	1	1 2018	12 31 2018	W	98.0100	98.0100



# MEMORANDUM OF AGREEMENT

AGREEMENT between Greensburg Block

AND

Teamsters, Local Union #30

**WHEREAS**, the parties set forth above are currently engaged in negotiating a new contract setting terms and conditions of employment; and

**WHEREAS**, they have issues to resolve before a contract can be finalized.

**THEREFORE**, it is mutually agreed that the current contract shall be extended from day to day. Either Party may cancel this Extension Agreement by providing 10 days advance written notice, certified mail, return receipt requested, to the other Party. All terms and benefits as a result of a negotiated contract shall be retroactive back to April 1, 2014.

**MADE** this 15th day of July, 2014.

LOCAL UNION NO. 30

By 

GREENSBURG BLOCK

By   


REC'D  
EMAIL  
8-30-18

AGREEMENT

between

GREENSBURG CONCRETE BLOCK

and

INTERNATIONAL BROTHERHOOD  
OF TEAMSTERS

LOCAL UNION #30

August 31, 2011 to March 31, 2014

## ARTICLE X - PENSION

Effective March 1, 2003, the Company shall contribute to the Western Pennsylvania Teamsters & Employers Pension Fund the following weekly amounts:

<u>9/1/11</u>	<u>9/1/12</u>	<u>9/1/13</u>	<u>9/1/14</u>	<u>9/1/15</u>
\$154.76	\$164.05	\$173.89	\$184.32	\$195.38

Amounts of the employee contribution into the plan for the last (2) remaining years may change depending on the vote of employees on or about 3/31/12 as referred in Article X.

On or about 3/31/12, a vote will be taken by the employees as to if any changes will be made in the amount of the employee contribution into the Western Pennsylvania Pension Plan for the last (2) remaining years. Sole discretion will be up to the current employees.

There shall be no other pension fund under this contract for operations under this contract or for operations to which Employers who are party to this contract are also parties.

By execution of this Agreement, the Employee authorizes the Employer's Association which are parties hereto to enter into appropriate trust agreements necessary for the administration of such Fund and to designate the Employer Trustees under such agreement, hereby waiving all notice thereof and ratifying all actions already taken or to be taken by such Trustees within the scope of their authority.

If an employee is absent because of illness or off-the-job injury and notifies the Employer of such absence, the Employer shall continue to make the required contribution for a period of three (3) months. If an employee is injured on the job, the Employer shall continue to pay the required contribution until such employee returns to work; however, such contributions shall not be paid for a period of more than twelve (12) months. If an employee is granted a leave of absence, the Employer shall collect from said employee, prior to leave of absence being effective, sufficient monies to pay the required contributions into the Pension Fund during the period of absence.

There shall be no deductions from equipment rental of owner-operators by virtue of the contributions made to the Pension Fund, regardless of whether the equipment rental is at the minimum rate or more, and regardless of the manner of computation of owner-driver compensation.

Contributions to the Pension Fund must be made for each week for each regular employee, even though such employee may only work part time under the provisions of this contract, including weeks where work is performed for the Employer but not under the provisions of this contract, and although contributions may be made for those weeks into some other\_pension fund. Employees who work either temporarily or in cases of emergency under the terms of this contract shall be covered by provisions of this paragraph.

#### **ARTICLE XI - DEATH IN FAMILY**

In the event of a death of a member of an employee's family, a regular employee shall be allowed a reasonable time off, not to exceed three (3) working days, and will be reimbursed eight (8) times his straight time hourly rate of pay for each day lost from work. For purposes of this Article, a member of the employee's family shall mean the employee's spouse, child, mother, father, sister, brother, mother-in-law, father-in-law, step brothers & step sisters, half brothers and half sisters, brothers-in-law, and sisters-in-law. For the employee's grandmother or grandfather, the employee will be allowed the day of the funeral off with pay.

#### **ARTICLE XII - SUCCESSORS AND ASSIGNS**

This Agreement shall be binding upon the parties hereto, their successors, administrative, executors and assigns. In the event part of or an entire operation is sold, leased, transferred or taken over by sale, transfer, lease, assignment, receivership, or bankruptcy proceeding, such operation shall continue to be subject to the terms and conditions of this Agreement for the life thereof. It is understood by this Article that the parties hereto shall not use any leasing device to a third party to evade this contract. If the minimum wage, hour and working conditions in the Company sold, leased transferred, etc., differs from those minimums set forth in this Agreement, the higher of the two shall remain in effect for the men involved. This provision shall not apply to present sub-leasing as done by the Company.

#### **ARTICLE XIII - NON-DISCRIMINATION**

The Employer and the Union agree not to discriminate against any individual with respect to hiring, compensation, terms or conditions of employment because of such individual's race, color, religion, sex, national origin or age, nor will they limit, segregate or classify employees in any way to deprive any individual employee of employment opportunities because of race, color, religion, sex, national origin or age.

# WESTERN PENNSYLVANIA TEAMSTERS AND EMPLOYERS PENSION FUND

49 AUTO WAY • PITTSBURGH, PA 15206-3663  
(412) 362-4200 • TOLL FREE (800) 362-4201 • FAX (412) 362-3133  
EMAIL: [contactus@wpapensionfund.com](mailto:contactus@wpapensionfund.com) • WEBSITE: <http://www.wpapensionfund.com>

Received  
NOV 08 2011  
Western PA Teamsters  
& Employers Pension Fund

## 2010 REHABILITATION PLAN SELECTION FORM

By execution of this form, the undersigned contributing employer and employee bargaining representative (the "Bargaining Parties"), acknowledge their understanding and agree that the annual rate increases owed to the Western Pennsylvania Teamsters and Employers Pension Fund ("Pension Fund") on behalf of employees covered under one or more collective bargaining agreements or participation agreements determine the benefit structure for benefits as described in the Pension Fund's 2010 Rehabilitation Plan.

The Bargaining Parties acknowledge that a copy of the 2010 Rehabilitation Plan has been provided and that they are aware that it sets forth two alternative schedules of contribution and benefit structures, one of which must be selected by the Bargaining Parties when collective bargaining agreements and participation agreements come up for renewal. It also provides for benefit structures which apply in the interim period prior to renewal.

The Bargaining Parties acknowledge their understanding that the "**Preferred Schedule**" will be deemed to apply to pending agreements which already have a six (6%) percent annual contribution increase in place by the end of 2011. For existing agreements which do not provide for a six (6%) percent contribution increase beginning in 2011, if checked below, the Bargaining Parties hereby agree that the contribution obligation stated in the applicable collective bargaining agreement is amended, effective on the anniversary date of that agreement, by such amount as is necessary to comply with the annual six (6%) percent requirement set forth in the 2010 Rehabilitation Plan. *(Note that if compliance with the Rehabilitation Plan is delayed past 2011, greater contribution increases will be required for selection of the Preferred Schedule in 2012 (8%), 2013 (10%) or 2014 (12%).)*

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Verification of Contribution and Benefit Structures			
COMPANY NAME:	Greensburg Concrete Block Co.		
LOCAL UNION:	30		
Fund Account Number(s)			
1110	PREFERRED SCHEDULE	DEFAULT SCHEDULE	NO CHANGE
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dated: 10/10/11

By:

Employer

By:

Employee Representative

8/31/2018  
EMPR0030

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND  
EMPLOYER MASTER FILE - INQUIRY

F1 = COMMENTS  
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1110  
30 1110  
GREENSBURG CONCRETE BLOCK CO  
JUDY SHUSTER  
PO BOX 729

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GREENSBURG PA 15601 0  
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9	1	2015	8	31	2016	W	195.3800	195.3800
9	1	2016	8	31	2017	W	207.1100	207.1100
9	1	2017	8	31	2018	W	219.5400	219.5400
9	1	2018	8	31	2019	W	232.7100	232.7100

*Collective Bargaining Agreement  
By and Between*

**Teamsters Local Union No. 205**  
*representing*

**HARMAR TOWNSHIP MUNICIPAL AUTHORITY  
NONPROFESSIONAL EMPLOYEES**

*and*

**MUNICIPAL AUTHORITY OF HARMAR TOWNSHIP**

January 1, 2015 through December 31, 2019

- B. When an employee receives notice that he is to report for jury duty, he shall notify his supervisor immediately.
- C. An employee on jury duty shall be considered the same as being at work.
- D. The Employer reserves the right to request the Court to release and relieve any employee from jury duty.

#### **ARTICLE NO. 20 - SUBCONTRACTING**

For the purpose of preserving work and job opportunities for employees covered by this Agreement during the term of this Agreement, the Employer agrees that no work or services of the kind, nature or type covered by, presently performed, or hereafter assigned to the collective bargaining unit will be subcontracted, transferred, leased, assigned or conveyed in whole or in part to any other corporation, partnership, person or non-unit employees, without consent of the Union:

- a. Unless otherwise provided in this Agreement
- b. Unless such work has been subcontracted by the Employer in the past;
- c. Unless contracting of the work is required by any law or Ordinance;
- d. Unless the bargaining unit employees do not have the manpower, Skill or experience to perform the work

It is agreed that no bargaining unit employee shall be laid off as a result of subcontracting.

#### **ARTICLE NO. 21 - PENSION PROGRAM**

Employees are to be enrolled in the Western Pennsylvania Teamsters/Employers Pension Fund. Total contribution to be paid by the Employer:

Effective 1-1-15	\$81.63 per week
Effective 1-1-16	\$86.53 per week
Effective 1-1-17	\$91.72 per week
Effective 1-1-18	\$97.22 per week
Effective 1-1-19	\$103.05 per week

The parties recognize and agree that the increases set forth above are mandated by the Western Pennsylvania Teamsters and Employers Pension Fund 2010 Rehabilitation Plan.



# WESTERN PENNSYLVANIA TEAMSTERS AND EMPLOYERS PENSION FUND

49 AUTO WAY • PITTSBURGH, PA 15206-3663  
(412) 362-4200 • TOLL FREE (800) 362-4201 • FAX (412) 362-3133  
EMAIL: [contactus@wpapensionfund.com](mailto:contactus@wpapensionfund.com) • WEBSITE: <http://www.wpapensionfund.com>

MAR 28 2011

Western PA Teamsters  
Employers Pension Fund

## 2010 REHABILITATION PLAN SELECTION FORM

By execution of this form, the undersigned contributing employer and employee bargaining representative (the "Bargaining Parties"), acknowledge their understanding and agree that the annual rate increases owed to the Western Pennsylvania Teamsters and Employers Pension Fund ("Pension Fund") on behalf of employees covered under one or more collective bargaining agreements or participation agreements determine the benefit structure for benefits as described in the Pension Fund's 2010 Rehabilitation Plan.

The Bargaining Parties acknowledge that a copy of the 2010 Rehabilitation Plan has been provided and that they are aware that it sets forth two alternative schedules of contribution and benefit structures, one of which must be selected by the Bargaining Parties when collective bargaining agreements and participation agreements come up for renewal. It also provides for benefit structures which apply in the interim period prior to renewal.

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Verification of Contribution and Benefit Structures				
COMPANY NAME:	Harmar Township Water Authority			
LOCAL UNION:	205			
Fund Account Number(s)				
1842		PREFERRED SCHEDULE	DEFAULT SCHEDULE	NO CHANGE
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dated: 3/15/11

By:

Employer

By:

Employee Representative

7/02/2018  
EMPR0030

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND  
EMPLOYER MASTER FILE - INQUIRY

F1 = COMMENTS  
ENT.= CONTINUE

1842  
205  
HARMAR TOWNSHIP WATER AUTH  
JOSEPH R MCCOLLUM  
200 PEARL AVENUE

NO. W/CDATA  
FEDERAL Y/D  
STATUS CODE  
ACRNT CODE

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CHESWICK PA 15024- 0  
724 274 7383

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1	1	2015	12 31 2015	W	81.6300	81.6300
1	1	2016	12 31 2016	W	86.5300	86.5300
1	1	2017	12 31 2017	W	91.7200	91.7200
1	1	2018	12 31 2018	W	97.2200	97.2200

# **WESTERN PENNSYLVANIA TEAMSTERS AND EMPLOYERS PENSION FUND**

49 AUTO WAY - PO BOX 5260 • PITTSBURGH, PA 15206-0260  
(412) 362-4200 • TOLL FREE (800) 362-4201 • FAX (412) 362-3133  
EMAIL: [contactus@wpapensionfund.com](mailto:contactus@wpapensionfund.com) • WEBSITE: <http://www.wpapensionfund.com>

## **PARTICIPATION AGREEMENT**

The undersigned Employer, TEAMSTERS JOINT COUNCIL NO. 40, being eligible to participate as an "Employer" in the Western Pennsylvania Teamsters and Employers Pension Fund ("Pension Fund") pursuant to Section 1.6 of the Pension Fund's Agreement And Declaration of Trust, as amended ("Trust Agreement"), and Section 2.11 of the Pension Fund's Pension Plan, as amended ("Pension Plan"), hereby agrees to make contributions for its eligible employees to the Pension Fund, as follows:

1. The undersigned Employer agrees to be bound by (1) all of the provisions of the Trust Agreement, originally executed on August 27, 1956, and as subsequently amended; (2) all of the provisions of the Pension Plan, originally executed on August 27, 1956, and as subsequently amended; (3) all of the rules and regulations heretofore and hereafter adopted by the Pension Fund's Trustees pursuant to the Trust Agreement and Pension Plan; and (4) all of the actions of the Pension Fund's Trustees in administering the Pension Fund in accordance with the Trust Agreement, Pension Plan, and the adopted rules and regulations; and

2. The undersigned Employer hereby accepts, and irrevocably designates as its Trustees, the present Employer Trustees appointed to the Pension Fund pursuant to the Trust Agreement, and all such past or succeeding Employer Trustees as shall have been or will be appointed in accordance with the Trust Agreement, and the undersigned Employer further agrees to be bound by all actions taken by the Employer Trustees pursuant to the Trust Agreement; and

3. The undersigned Employer agrees to make contributions to the Pension Fund for all of its full-time employees as required by Sections 1.5 and 1.6 of the Trust Agreement and Sections 2.10 and 2.11 of the Pension Plan, at the weekly contribution rate of \$50.00 effective August 1, 2000.

This Participation Agreement shall become effective upon its acceptance by the Trustees, and shall be retroactively effective as of the date of the first contribution made by the undersigned Employer to the Pension Fund, and shall continue in effect until the undersigned Employer is no longer obligated to make contributions to the Pension Fund.

IN WITNESS WHEREOF, the Employer has executed this Participa-  
tion Agreement this 4<sup>th</sup> day of October, 2000.

WITNESS

EMPLOYER: TEAMSTERS JOINT  
COUNCIL NO. 40

BY: \_\_\_\_\_

TITLE: VP PRESIDENT

ADDRESS: 910 SWANTON DRIVE STE. 210  
MAAS, Pa. 16046

**ACCEPTANCE OR REJECTION BY TRUSTEES**

IN WITNESS WHEREOF, the Trustees of the Western Pennsylvania  
Teamsters and Employers Pension Fund accept (reject) the Participa-  
tion Agreement of the above Employer, effective the 11<sup>th</sup> day of  
Oct, 2000.

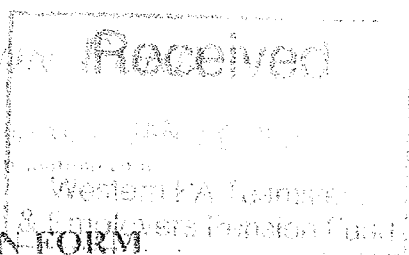
UNION TRUSTEE

EMPLOYER TRUSTEE

\_\_\_\_\_

\_\_\_\_\_

# WESTERN PENNSYLVANIA TEAMSTERS AND EMPLOYERS PENSION FUND



## 2010 REHABILITATION PLAN SELECTION FORM

By execution of this form, the undersigned contributing employer and employee bargaining representative (the "Bargaining Parties"), acknowledge their understanding and agree that the annual rate increases owed to the Western Pennsylvania Teamsters and Employers Pension Fund ("Pension Fund") on behalf of employees covered under one or more collective bargaining agreements or participation agreements determine the benefit structure for benefits as described in the Pension Fund's 2010 Rehabilitation Plan.

The Bargaining Parties acknowledge that a copy of the 2010 Rehabilitation Plan has been provided and that they are aware that it sets forth two alternative schedules of contribution and benefit structures, one of which must be selected by the Bargaining Parties when collective bargaining agreements and participation agreements come up for renewal. It also provides for benefit structures which apply in the interim period prior to renewal.

The Bargaining Parties acknowledge their understanding that the "Preferred Schedule" will be deemed to apply to pending agreements which already have a six (6%) percent annual contribution increase in place by the end of 2011. For existing agreements which do not provide for a six (6%) percent contribution increase beginning in 2011, if checked below, the Bargaining Parties hereby agree that the contribution obligation stated in the applicable collective bargaining agreement is amended, effective on the anniversary date of that agreement, by such amount as is necessary to comply with the annual six (6%) percent requirement set forth in the 2010 Rehabilitation Plan. (Note that if compliance with the Rehabilitation Plan is delayed past 2011, greater contribution increases will be required for selection of the Preferred Schedule in 2012 (8%), 2013 (10%) or 2014 (12%).)

If checked below, the Bargaining Parties can select the "Default Schedule"; however, if selected in 2011, annual contribution increases of eight (8%) are required. Greater increases apply if the Default Schedule is first selected or imposed in 2012 (11%), 2013 (14%) or 2014 (17%).

The Bargaining Parties may choose to retain an existing contribution structure which does not provide for annual six (6%) percent contribution increases for the remaining term of a pending collective bargaining agreement which does not expire in 2011. However, by indicating "No Change" on this form, the Bargaining Parties acknowledge their understanding that the 2010 Rehabilitation Plan provides that for service earned after February 1, 2011, Unit Multipliers will be reduced by 20% until the pending collective bargaining agreement is renewed and one of the applicable schedules is selected or imposed.

Verification of Contribution and Benefit Structures			
COMPANY NAME:	Teamsters Joint Council 40		
LOCAL UNION:			
Fund Account Number(s):	608, 2184	PREFERRED SCHEDULE	DEFAULT SCHEDULE
			NO CHANGE

Dated: 1/6/11

By:

By:

Employee Representative

8/02/2018  
EMPR0030

W. PA TEAMSTERS AND EMPLOYERS PENSION FUND  
EMPLOYER MASTER FILE - INQUIRY

F1 = COMMENTS  
ENT. = CONTINUE

2183

00 00 0000

608

TEAMSTERS JOINT COUNCIL 40

A

ELLEN LOWEN

P PREFERRED

(SECRETARY)

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SUITE 210

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MARS

PA 16046 0

6 1 2018

724 776 5144

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N

N

8	1	2015	7	31	2016	W	135.4800	135.4800
8	1	2016	7	31	2017	W	143.6100	143.6100
8	1	2017	7	31	2018	W	152.2300	152.2300
8	1	2018	7	31	2019	W	161.3700	161.3700