

Steelworkers Pension Trust

ZENITH AMERICAN SOLUTIONS, INC.: 3 Gateway Center, 401 Liberty Ave, Ste 1200, Pittsburgh, PA 15222-1024
Ph: (800) 242-8923/(412) 471-2885 Fax: (412) 471-2891

WORK MONTH:
AGREEMENT:
FIRM CODE:
LOCAL:

(COMPANY NAME)
(STREET ADDRESS)
(CITY, STATE, ZIPCODE)

Contributions are due on the following if indicated:

Terminations:	Hourly Limitation:
Absences:	
Part Time Employees:	
Waiting Period:	Previously Covered

The Trust will accept your alternate report as long as our format is followed and the authorized person completing the information prints and signs their name on the form. **Please include this page with your report and mail to Zenith American Solutions, Inc., 3 Gateway Center, 401 Liberty Ave., Ste. 1200 Pittsburgh, PA 15222-1024. Please remit your payment to P. O. Box 645483, Pittsburgh, PA 15264-5252.** Please make a copy of this report for your records.

Please use the spaces provided below for the addition of new employees indicating Social Security Number, Employee Name, Address, City, State, Zip, DOB, DOH, Start Date/Code and reporting basis. Please use the appropriate Start and Stop Codes on all subsequent pages to indicate any change in work status and when the change occurred.

Start Work Codes

ACT - Active
PT - Part Time
TF - Transfer In

Paid Work Codes

PLO-Paid Layoff
POI-Paid Out Illness
PWC-Paid Workers Comp
POA-Paid Leave of Absence
POM-Paid Out Military

Stop Work Codes

LO - Layoff
OI - Out Illness
WC - Workers Comp
R - Retired
OA - Leave of Absence
RD - Retired Disability
TR - Transfer Out
T - Terminated
OS - Out on Strike
D - Death
OM - Out on Military Leave
PTI - Part Time Inactive

Social Security	Employee Name (L,F,M) Address, City, State, Zip	Birth Date	Hire date	Start/Stop Date/Code	Hours

Total Earnings Reported _____ x Contribution Rate _____ = Amount Due \$ _____

Authorized Signature

Print Name and Title

Date