

# PIPE FITTERS' LOCAL 597 FRINGE BENEFIT FUNDS AND THE PIPE FITTERS' ASSOCIATION, LOCAL UNION 597 U.A.

## APPLICATION TO DELAY PAYMENT OF CONTRIBUTIONS

<b>Employer's Full Legal Name:</b>	
<b>Contractor No.:</b>	
<b>Employer Contact:</b>	
<b>Telephone Number:</b>	
<b>Email Address:</b>	
<b>Date:</b>	

I, \_\_\_\_\_, am the \_\_\_\_\_,  
[Name of Officer, Director or Shareholder] [Title]

of \_\_\_\_\_ (hereinafter referred to as the "Employer").  
[Full Legal Name of Employer]

I affirm that the COVID-19 global pandemic has caused significant disruption to Employer's business operations and its ability to collect accounts receivable from its customers. As a result, Employer is unable pay the fringe benefit contributions owed to the Pipe Fitters' Welfare Fund, Local 597, the Pipe Fitters' Retirement Fund, Local 597, the Pipe Fitters' Training Fund, Local 597, the Chicago Area Mechanical Contracting Industry Improvement Trust, the Pipe Fitting Council of Greater Chicago, and the Pipe Fitters' Individual Account and 401(k) Plan (collectively "Funds"), as well as the union dues deducted from its pipefitter employees' wages payable to the Pipe Fitters' Association, Local Union 597 U.A. (the "Union"), for the work month of **March 2020**, which, per the terms of the Area Agreement, were due on **April 15, 2020**. As a result of this breach of the Area Agreement, I understand that the Union has the right to remove its pipefitter employees from employ with Employer and the Funds have a right to file suit for breach of the Area Agreement.

Under these circumstances, I understand that (a) the Funds and Union, upon receipt of this completed Application and the documents requested herein to their satisfaction, are willing to delay taking action to enforce Employer's breach of the Area Agreement for a period of at least two (2) weeks so long as Employer provides the information requested herein, and (b) the Funds and Union are delaying enforcement in reliance on the information provided herein.

Questions:

1. Has Employer applied for any available government assistance (i.e., the Paycheck Protection Program, Treasury Department Loan, etc.)?  
 Yes                       No

*If you responded "No," then move to question 2. If you responded "Yes," then answer these sub-questions.*

- A. What type of assistance? \_\_\_\_\_
- B. What is the status of the application? \_\_\_\_\_
- C. How much in assistance has the Employer applied for? \_\_\_\_\_
- D. Has the assistance been received? \_\_\_\_\_
- E. If so, how much was received? \_\_\_\_\_

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2. How many pipefitter employees did Employer employ as of March 1, 2020? \_\_\_\_\_
3. How many pipefitter employees does Employer have in its employ as of today? \_\_\_\_\_
4. Are layoffs expected? [ ] Yes [ ] No

If layoffs are expected, please detail the timeframe for layoffs and the number of employees to be laid off. \_\_\_\_\_

5. For each job/project performed by Employer during the period of **March 1, 2020 through present** that Employer had fifty (50) or more pipefitter man hours, please detail the following information:
  - A. Address of the job/project where the project occurred;
  - B. Owner of the property where the job/project occurred;
  - C. General contractor on the job/project;
  - D. Any higher-tiered subcontractors on the job/project;
  - E. Dates Employer performed work on the job/project;
  - F. Pipefitter man hours on the job/project to date; and
  - G. Additional pipefitter man hours expected on the job/project after today.

*The Project Information Form attached hereto can be used to provide this information. Employer can submit as many completed Forms as necessary to provide the necessary information.*

**Documents to be produced:**

1. A copy of the March 2020 monthly remittance report. (Can be submitted electronically on the EmployerXG system without payment).
2. A current statement of Employer's accounts receivable.

I swear, based on my knowledge, that the aforementioned answers are true and correct and that the documents attached hereto are true and accurate.

\_\_\_\_\_  
[Signature]

\_\_\_\_\_  
[Printed Name]

\_\_\_\_\_  
[Title]

\_\_\_\_\_  
[Date]

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## PROJECT INFORMATION FORM

*Complete as many of these Forms as necessary to provide all of the requested information.*

Date: \_\_\_\_\_

<b>Address of the Job/Project:</b>	<b>Owner of the Job/Project:</b>
<b>General Contractor (If any):</b>	<b>Higher-Tiered Subcontractor(s) (If any):</b>
<b>Dates with Pipefitters on Job/Project:</b>	<b>Pipefitter Man Hours on Job/Project during period of 3/1/20 through above-listed Date:</b>
<b>Additional Pipefitter Man Hours Expected on the Job/Project after above-listed Date:</b>	

<b>Address of the Job/Project:</b>	<b>Owner of the Job/Project:</b>
<b>General Contractor (If any):</b>	<b>Higher-Tiered Subcontractor(s) (If any):</b>
<b>Dates with Pipefitters on Job/Project:</b>	<b>Pipefitter Man Hours on Job/Project during period of 3/1/20 through above-listed Date:</b>
<b>Additional Pipefitter Man Hours Expected on the Job/Project after above-listed Date:</b>	