

**INSTRUCTIONS FOR COMPLETING THE IAM NATIONAL PENSION FUND
STANDARD CONTRACT LANGUAGE FORM ADOBE PDF VERSION**

AEC/Rehab Adoption Date: It should be in MM/DD/YYYY format. You can enter it manually or use the calendar drop-down if using Adobe.

SECTION A:

- Column one indicates the benefit bearing contributions as outlined in the CBA.
- Column two is a drop down to select hourly or daily rates.
- Columns three, four, and five are formulas that run in the background. They calculate the current AEC amounts based on the AEC/Rehab Adoption Date, the current effective rate date, and the total NPF Pension amount.
- If the AEC/Rehab anniversary dates do not align with the Benefit bearing contribution rate, you should have multiple line items for that year.
 - Example: Adoption 6/1/2019, Rate increase 7/1/2025.
 - You should have a line item for the adoption date increase and the benefit bearing contribution increase
- Column six should be filled out for each effective date, either the benefit bearing contribution effective date(s) or the AEC/Rehab Adoption date increases accruing annually until 2031.
- The minimum benefit bearing contribution rate is \$.10 per hour. Please note that contribution rates must be based on hourly or daily rates only as selected in column two.
- If employees work a non-standard work week of less than 40 hours, contributions must be made based on a daily rate. A daily rate is based on \$.05 increments when broken down to an hourly rate.
- Please be sure to check one of the boxes regarding the covered job classifications.
- Check only one box that limits contributions to either 40 hours per week or 2080 hours per year. You may also check the box with neither a weekly nor annual maximum.

ARTICLE ____ - PENSIONS

AEC/Rehab Plan Adoption Date	06/01/2019
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A. Pursuant to the terms of the Trust Agreement, the Collective Bargaining Agreement and the IAM National Pension Fund Rehabilitation Plan, it is hereby established that the Employer shall make contributions to the IAM National Pension Fund ("Fund") for each hour/day* during which the employees in the job classifications specified herein are entitled to receive pay under this Agreement and according to the following Preferred Rehabilitation schedule:

Under the Preferred Schedule, effective for contributions earned on or after September 1, 2019, unless adopted earlier, the employer contribution rate will increase by 2.5% annually during the rehabilitation period as outlined in the chart below.

Base Pension Rate	Type	AEC/Rehab %	AEC/Rehab \$	Total \$	AEC/NPF Effective Date
\$ 2.70	For Each Hou ▾	15.97%	\$0.43	\$3.13	03/01/2025
\$ 2.70	For Each Hou ▾	18.87%	\$0.51	\$3.21	06/01/2025
\$ 2.80	For Each Hou ▾	18.87%	\$0.53	\$3.33	03/01/2026
\$ 2.80	For Each Hou ▾	21.84%	\$0.61	\$3.41	06/01/2026
\$ 2.90	For Each Hou ▾	21.84%	\$0.63	\$3.53	03/01/2027
\$ 2.90	For Each Hou ▾	24.89%	\$0.72	\$3.62	06/01/2027
\$ 3.00	For Each Hou ▾	24.89%	\$0.75	\$3.75	03/01/2028

***Please ensure that all dates are in MM/DD/YYYY format. You should have a line item for each AEC

SECTION B: This section refers to the time for which contributions are to be paid. It includes vacations, holidays, severance pay, vacation pay at termination, vacation pay in lieu of time off, and any other contractually obligated time.

SECTION C: This section refers to the paid time where contributions may be excluded. Please list the exclusions in this section (i.e. severance pay, bereavement, etc.). If contributions are due for all paid time, please check the box labeled “None”.

SECTION D: This section refers to the unpaid time for which contributions are to continue for employees on leave for union business.

- If contributions are to continue for this time, please check “yes” and enter the length of time contributions are to continue.
- If this does not apply, please check “no”.

SECTION E: This section specifies the length of time contributions are to be excluded for covered employees. Please be sure to answer all questions in this section.

PARAGRAPHS F, G, H and I: These paragraphs consist of the contract language that **cannot** be altered.

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- When entering the Lodge information, feel free to enter either Local Lodge numbers or District Lodge numbers.
- When entering the company name, please be sure to add the full name (including “Inc.,” “LLC,” etc.).
- Please be sure to enter the company's IRS number.
- Complete both the company mailing address and the address(es) for the location(s) covered under the Agreement, which must be entered where it states: “For plants or terminals located at:”.
- Please be advised that the Union and Employer representatives must sign the Standard Contract Language.

Formatting and Calculation notes:

- After entering all the data into the Form, please click the Update PDF button at the top right of page one.
- If using Adobe, we advise printing to PDF to convert data to static values
 - From the menu screen in Adobe click Print
 - From your printer drop down selection choose, “Adobe PDF”
 - Click Print
 - Select where you would like to save your file
 - Click save
 - Document now is ready to be sent for either wet or electronic signature
- If you do not have Adobe or Excel, please reach out to the Fund office or for assistance, and we will gladly prefill and perform these steps for you.
 - If you have Excel, please see the Excel template available online along with specific how-to instructions.