

**I.A.M. National Pension Fund  
Remittance Payment Form  
NPP**

Payment sent by:	_____	OR	_____	(select one)
	Check		Wire	

Employer Code: \_\_\_\_\_  
Month: \_\_\_\_\_  
Prepared by: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Date: \_\_\_\_\_

Contribution Information:

Total Number of Employees: \_\_\_\_\_

Rate Paid: \_\_\_\_\_

# of Units: \_\_\_\_\_

**Check Amount** \$

Additional Payments, If Applicable:

Retroactive Payment For Rate Increase \_\_\_\_\_

For Period: \_\_\_\_\_

Missed Contributions for Prior Months (A) \_\_\_\_\_

For Period: \_\_\_\_\_

Liquidated Damages \_\_\_\_\_

For Period: \_\_\_\_\_

Interest \_\_\_\_\_

For Period: \_\_\_\_\_

**Total Check Amount** \$

**Instructions:**

If you are sending a check payment, please send this form with your check to our bank lockbox address at:

I.A.M. National Pension Fund  
P.O. Box 791129  
Baltimore, MD 21279-1129

(A) If payment is being submitted for certain employees whose information was not reported in prior months, please attach a separate schedule showing the employee's name, social security number, units by month and rate paid.