



# FRINGE BENEFIT FUNDS LOCAL 14-14B

INTERNATIONAL UNION OF OPERATING ENGINEERS

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**UNION TRUSTEES**

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**FUND MANAGER**

MARLENE MONTERROSO

**EMPLOYER TRUSTEES**

JOHN F. O'HARE

TYREEF BEVEL

MICHAEL SALGO

WILLIAM TYSON

October 2024

Dear Member,

Enclosed please find a stamp book that you can use for the **November 2024** redemption. This redemption, we will be redeeming **PERIOD 46** (*work from 7/1/24 through 10/31/24*) stamps. **Stamp books must be received by 11/29/24. Any books received after 11/29/24, regardless of the postmark date, will be held for the following redemption.**

Please remember that **Cash in Lieu** checks should be sent into the Fund Office every two weeks. If checks are submitted with your book, they must be received by **November 22<sup>nd</sup>, 2024** to clear in time. If you are including checks with your stamp book, your entire book will be held up for 5 business days while the checks clear. If you're only receiving Cash-in-Lieu statements, please visit our website [www.local14funds.org](http://www.local14funds.org) and fill out an Annuity Voluntary Investment Form.

**\*\* PLEASE PHOTOCOPY YOUR ENTIRE STAMP BOOK BEFORE MAILING. In the event that your stamp book is lost or stolen, we can still redeem your hours with the copies provided. Unfortunately, pictures of stamps taken from a mobile device cannot be scanned.**

**\*\* Please note if your current medical eligibility ends 10/31/24, we encourage you to send in your Stamp Book or Annuity Voluntary Investment Form before the first week of November to avoid termination.**

**\*\* As a reminder, all owner operators must submit 667 current period hours before the first week of November to avoid lapse in medical coverage. \*\***

Thank you in advance for your cooperation. If you should have any questions, please contact the Fund Office.

**\*\*AVOID MAIL DELAYS AND ELECT DIRECT DEPOSIT\*\***

Sincerely,

Marlene Monterroso  
Fund Manager



# VOLUNTARY ANNUITY CONTRIBUTION

TRUSTEES LOCAL 14-14B ANNUITY FUND

## EMPLOYEE VERIFICATION STATEMENT

(To be completed if you **only** receive cash-in-lieu statements)

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

Birthday \_\_\_\_\_

Email \_\_\_\_\_

S.S. # \_\_\_\_\_

Local # \_\_\_\_\_ (if you are a member of another local, or are  
on permit, please specify)

Please invest (You **MUST** check one)

100%- No check

75%

50%

25%



A partial check will be sent to you after redemption

0%- I would like to receive my full check after redemption

Of the value of my Annuity Voluntary Contribution herein presented  
for redemption into my Annuity Account, according to the above election.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*For additional forms please download at [www.local14funds.org](http://www.local14funds.org)*