



P.O. Box 4002 • Eau Claire, WI 54702-4002  
715-835-3174 • 800-424-3405 • Fax 715-834-8061 • Claims Fax 715-835-3114

January 4, 2021

### ***IMPORTANT NOTICE***

#### ***\*\*ONLINE MONTHLY REMITTANCE REPORTING\*\****

North Central States Carpenters Benefit Funds has been accepting monthly remittance reports online since January 1, 2011. Recently, updates have been made to make the site more user friendly.

Before you can begin using the online system, the following enclosed forms must be completed and returned to our office:

- Application for Online Login and Password
- Electronic Bank Debit Authorization  
(To assure security, no bank information will be stored on a server with internet access. Your designated account will only be debited when you finalize your report each month.)

Upon receipt of the completed forms, detailed instructions will be provided to assist you through the process of logging in and completing your remittance report online.

If you have any questions, please call the Employer Accounts Department at extension 621 or extension 637.

Sincerely,

*Nicole Falkner*

Nicole Falkner  
Administrative Manager

Enclosures

## **Frequently Asked Questions**

Q: How do we make our payment?

A: For your convenience, an automatic debit from your designated checking or savings account will occur on the business day immediately following the day you finalize your monthly remittance report or you can schedule a date for the debit.

Q: Is our data secure?

A: The application is hosted on a secure site using SSL encryption. No data files are accessible to direct web traffic and the system can only be accessed with a unique username and password.

Q: What are the advantages of reporting online?

A: The process will be fast and secure and will allow you to easily view a history of three years of prior remittances . The accuracy of the filing is assured as the program will automatically calculate the proper amounts due.

Q: Will we still receive paper reports in the mail?

A: If you decide to use online reporting, you will continue to receive a paper report for two (2) months.

Q: We are a large Employer. Can we simply upload a file?

A: Yes. You may create a file in the spreadsheet provided or create one from your computer in a .csv format.

Q: Can I file an “inactive” report, pay interest online, or pay a debit memo online?

A: Yes, you can do all three online.

If you have any questions, please call the Employer Accounts Department at 800-424-3405 or 715-835-3174. Dial extension 621 or extension 637.

***Employer  
Application for Online Login & Password  
For  
Monthly Remittance Reporting***

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Employer Name

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Employer Number (use number pre-printed on your monthly remittance report)

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Employer Address

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Phone Number

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Contact Name

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Contact E-Mail (required)

**Upon receipt of this completed application and Electronic Bank Debit Authorization, we will send you a packet that will include detailed step-by-step instructions on logging in and how to use the online remittance reporting system.**

**If you have any questions at any time, please call the Employer Accounts Department at (800) 424-3405 or (715) 835-3174. Dial extension 621 or extension 637.**

**NORTH CENTRAL STATES REGIONAL COUNCIL OF CARPENTERS' BENEFIT FUND**

PO BOX 4002 \* EAU CLAIRE WI 54702

TOLL FREE 1 -800-424-3405

**ELECTRONICALLY DEDUCT FUNDS FROM BANK ACCOUNT**

The electronic debit from your checking or savings account will take place on the first business day following finalization of your monthly on-line remittance report.

I (we) hereby authorize NORTH CENTRAL STATES REGIONAL COUNCIL OF CARPENTERS' BENEFIT FUNDS hereinafter called FUND, to initiate debit entries to our account indicated below at the depository named below, hereinafter called DEPOSITORY, to debit the same to such account. This authorization is to remain in full force and effect until FUND has received written notification from us of its termination in such time and in such manner as to afford FUND and DEPOSITORY a reasonable opportunity to act on it. This authorization may only be revoked by notifying the Fund Office in writing. **If more than one signature is required on the account, all parties must sign.**

EMPLOYER NAME \_\_\_\_\_

SIGNED \_\_\_\_\_ Title \_\_\_\_\_ DATE \_\_\_\_\_

SIGNED \_\_\_\_\_ Title \_\_\_\_\_ DATE \_\_\_\_\_

BANK NAME \_\_\_\_\_ BANK TELEPHONE # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_ ACCOUNT NO \_\_\_\_\_  
(REQUIRED) (REQUIRED)

TYPE OF ACCOUNT: CHECKING \_\_\_\_\_ SAVINGS \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK**

**Please call the Fund Office at (800) 424-3405 if you have any questions.**