



Eighth District Electrical Fringe Benefit Funds

February 26, 2021

RE: Update regarding Entry for COPE Assessments

Dear Employer:

This is to advise you of an update regarding a requested enhancement to the electronic contributions entry process for COPE assessments for the Eighth District Electrical Fringe Benefit Funds. Previously (as shown below), when COPE was to be assessed on a member's contributions, the website user would check the COPE check box, and COPE would be assessed. Often however, due to rounding or other factors, the COPE amount assessed would need to be manually adjusted by the website user to match the employer's records. To eliminate the need for such adjustments, the process has now been updated to allow website users to enter the exact COPE amount to be assessed on the reporting form (also shown below). To enter COPE under the new structure, simply enter the full COPE amount you would like assessed for the member on that reporting form, or, if no COPE amount should be assessed for that member, leave the field as 0.00. This will result in the amount you entered being calculated as the COPE amount owed. Note that this change will also be reflected in the upload process, whereas previously, in the upload file the website user would enter a 1 or 0 to indicate if COPE should be assessed, you should now simply enter the COPE dollar amount to be assessed on the reporting form for that member.

Please note that all changes are reflected in an updated user guide, which can be found on the website under Employer Information > Forms > Website User Manual. In addition, detailed instructions on the upload process, including these most recent changes, can be found in the Website Upload Format document (**Employer Information > Forms > Website Upload Format**).

We hope these changes contribute to a more user-friendly and seamless environment for remitting your contributions. As always, if there are any questions or if any assistance is needed, please do not hesitate to contact the Administrative Office via the Contact Us page on the website, or Toll-Free: (844) 989-2321.

Sincerely,

Administrative Office – BeneSys

Physical Address: 4704 Harlan Street, Suite 104 • Denver, CO 80212

Physical Address: 5295 South Commerce Drive, Suite 220 • Murray, UT 84107

Mailing Address: P.O. Box 30751 • Salt Lake City, UT 84130

Toll Free: 844-989-2321

www.8thDistrictBenefits.org

Prior Entry Process:

Welcome Democontractor Last Signed In: Monday, June 15, 2020

Home Electronic Contribution Contribution Payment Employer Information News Contact Us

Contribution Entry Form

Contribution Batch

Contractor Name: [REDACTED] INC	Contractor Number: [REDACTED]
Batch Number: CW20-00000351	Work End Date: [REDACTED] 20
CBA: 0354 INS - 0354 Inside	

[Rate Inquiry](#) [Add Employee](#) [Delete Employee](#) [Save and Complete Later](#) [Calculate Contribution](#) [Cancel](#)

*Contact the Benefit Office to add new Work Classifications

Row No	SSN	Work Class	First Name	MI	Last Name	Hours Worked	Flat Rate	Gross Wages	NEBF Gross Wages	EE Deferral	Vacation	Allow Cope	Dues	Delete?
1	123456789	JOURNEYMAN	[REDACTED]		[REDACTED]	10.00	1.00	800.00	20.00	0.00	25.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	987654321	APPRENTICE 1	[REDACTED]	J	DOE	20.00	0.00	600.00	0.00	20.00	0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		APPRENTICE 1	[REDACTED]		[REDACTED]	0.00	0.00	0.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New Entry Process:

Welcome Democontractor Last Signed In: Friday, February 12, 2021

Home Electronic Contribution Contribution Payment Employer Information News Contact Us

Contribution Entry Form

Contribution Batch

Contractor Name: [REDACTED]	Contractor Number: [REDACTED]
Batch Number: CW21-00000026	Work End Date: [REDACTED]
CBA: 0354 CECW - 0354 Construction Electrician/Wireman	

[Rate Inquiry](#) [Add Employee](#) [Delete Employee](#) [Save and Complete Later](#) [Calculate Contribution](#) [Cancel](#)

*Contact the Benefit Office to add new Work Classifications

Row No	SSN	Work Class	First Name	MI	Last Name	Hours Worked	Flat Rate	Gross Wages	NEBF Gross Wages	EE Deferral	Vacation	COPE	Dues	Delete?
1	111123333	CONSTRUCTION ELECTRICIAN	JANE	L	DOE	20	0	600	0.00	20	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		CONSTRUCTION ELECTRICIAN	[REDACTED]		[REDACTED]	0.00	0.00	0.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>