

Please submit your Labor Rates and all required back-up to the AEC Cost Estimator, John Minuth, within 14 calendar days after receiving your contract.

First, download the latest Labor Rate Calculation Sheet (LRCS), [Rev 04/24/2017], at the AEC website [[AEC Website: Contractor Links](#)]. Also available at this site is the "Contractors' Quotation Sheet" (CQS), on which any and all quotations for extra work must be submitted.

Second, read the "Instructions" tab carefully and follow them explicitly. Any questions should be directed to John Minuth, AEC Cost Estimator, at [\(734\) 763-3317](tel:7347633317) or [\[minjohn@umich.edu\]](mailto:minjohn@umich.edu)

Third, the following documents must be included with your Labor Rate Submittal and be e-mailed together, directly to the Cost Estimator:

1. One Excel "LRCS" workbook for each of the trades being submitted for approval. Filling-out the Journeyman Sheet will populate many cells on the other tabs of this workbook. Submit an ENTIRE EXCEL WORKBOOK, in ".xlsx" format, for each trade. PDF's OF THE WORKBOOK PAGES WILL BE REJECTED.
2. An un-protected PDF copy of the corresponding Union Local wage rate breakdown for each submitted trade. If "Prevailing Wages" are being submitted, provide PDF copies of the source document from the State of Michigan Department of Licensing and Regulatory Affairs (LARA). Please indicate the applicable rate groupings by check marks and/or circling the correct rates if there are multiple categories on the back-up document. When entering the "CRAFT/TRADE", utilize a complete description, i.e. "Carpenter - CA687Z2" or "Carpenter – Zone1" or "Ironworker – Structural".
3. An un-protected PDF copy of company's current Workers' Compensation Policy Information form, which includes the "Workers' Comp Class Codes" and their affiliated "Rates of Remuneration per \$100" and a listing of all applicable discounts and additional costs related to the submitted trades. Two of the strategic values required for the SUTA calculation are the Manual (undiscounted) Premium and the Total Estimated (net) Annual Premium.
4. An un-protected PDF copy of the Michigan "Employer's Quarterly Tax Report" (forms UIA 1028 or UIA MiWAM) for each quarter of the previous year (2016).
5. A summary of the total hours for the previous year (2016) including hourly and salaried workers. This document can be in the form of a payroll report or a MIOSHA Form 300a.

Once your Labor Rates have been approved, enter the approved Labor Rates in the Contractors' Quotation Sheet on the tab entitled "1 Approved Labor Rate Summary". Once this is done, the CQS document can be saved as a "MASTER" copy until the expiration date of those Labor Rates.



MI Tax Form Example 1

Mail To:

Unemployment Insurance Agency PO Box
33598
Detroit, MI 48232-5598

Employer's Quarterly Wage/Tax Report

YOU MUST FILE THIS REPORT EVEN IF YOU ARE UNABLE TO PAY OR HAVE NO PAYROLL FOR THE QUARTER.
For details about completing this report, see the instructions page.

Employer Type: Contributing (Complete Sections 1, 2, 3 & 4) Reimbursing (Complete Sections 1, 2 & 4)

SECTION 1

Check this box if this is an Amended report. Explain: _____

UIA Employer Account No: _____

FEIN: _____

Quarter Ending Date (mm/dd/yyyy) 03/31/2015

Provide the **number** of all **full-time** employees plus **part-time** employees who worked during or received pay for The pay period that includes the 12th of the month:

1 st Month	2 nd Month	3 rd Month
6	16	14

SECTION 2

List only employees who had wages during this quarter.

Family Owned Enter "F"	Delete "X"	Social Security Number	Employee Last Name	Employee First Name	Gross Wages Paid This Quarter
		Do Not Show Personal/Private Information.		JOSEPH	2,797.20
				Joshua	5,058.50
				RON	9,613.64
				CHASE	9,732.39
				SCOTT	10,329.44
				ALAA	3,091.88
				Peter	3,285.00
				Christopher	9,579.01
				JASON	2,308.75

If more lines are needed to enter employee information, continue to Section 1 on back of form. When finished entering employees, continue to Section 3 for Contributing Employers or Section 4 for Reimbursing Employers.

For UIA Use Only. Do Not Write Below Line.

REV 04/16/



SECTION 2 (continued)

EAN: _____

Family Owned Enter "F"	Delete "X"	Social Security Number	Employee Last Name	Employee First Name	Gross Wages Paid This Quarter
				Shawn	9,101.51
				Rollo	3,063.25
				Russell	27,150.00
				Joshua	14,518.51
				STEVE	7,441.13
				Ryan	14,285.38
				Edgar	6,406.38
				JOSH	7,025.75

Beginning in the first quarter 2015, all employers must use MiWAM to file online; this includes employers who are reporting out-of-state wages and/or entering J-1 or H-2B wages.

SECTION 3

Total Gross Wages paid this quarter:	144,787.72
Excess Wages:	28,708.37
Taxable Wages:	116,079.35
UI Tax Rate (ABC + CBC + NBC):	
UI Tax Due (UI Tax Rate x Taxable Wages) Round to Nearest \$:	X 0.10300 %
Obligation Assessment (OA) Rate: OA	11,956.00
Due (OA Rate x Taxable Wages) Do Not Round: Total	X 0.02400 %
Amount Due (UI Tax Due + OA Due):	2,785.90
Prior Balance:	14,741.90
Amount Enclosed:	
Taxable Wage Limit:	14,741.90
DUE DATE:	9,500.00
	04/25/2015

Check this box if this is the Final Report for this business. **(Prepare and submit Form UIA 1772)**

I meet the requirements to apportion my payments and elect this option.
(See instructions for more information)

SECTION 4

YOUR CERTIFICATION: I certify that I have examined this report, and that to the best of my knowledge and belief, it is correct and complete.

Signature _____ Title _____ Date _____ Contact Phone Number _____

REV 04/16/15 OSP

Questions: If you have any questions, please contact the Office of Employer Ombudsman (OEO) at 1-855-484-2636) or by email at OEO@michigan.gov
MAKE A COPY OF THIS REPORT FOR YOUR RECORDS



Michigan.gov Home

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Quarterly Wage/Tax Report

[VIEW FILE FORMAT](#)

Navigation

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[Account: 1391381 000](#)

[Qtrly Wage/Tax Report](#)

All liable employers are required by Section 13 of the Michigan Employment Security (MES) Act, (MCL 431.13) and Administrative Rule 421.121 of the Unemployment Insurance Agency (UIA), to disclose their tax liability by filing a quarterly tax report.

For All Employers: A penalty of \$50 is assessed for the first quarter that the wage information is received by the Unemployment Insurance Agency (UIA) after the due date. A penalty of \$250 is charged for each subsequent quarter that the wage information remains un-submitted. Interest accrues at the rate of 1% per month (computed on a daily basis) on all taxes or reimbursements remaining unpaid after the due date as provided by Section 15(a) of the MES Act.

For Contributing Employers: A penalty of 10% of the tax due for the quarter, minimum charge of \$5 and a maximum charge of \$25, is assessed for each quarter that the tax information is received by UIA after the due date.

For Reimbursing Employers: A penalty of \$10.00 is assessed for each quarter that tax information is received by UIA after the due date.

Family Employment: Does the employee, alone or in combination with his/her child or spouse, own more than 50% of the shares of the business? OR, does the parent(s) of the employee who is under the age of 18 own more than 50% of the shares of the business? If the answer to either of these questions is "Yes", check the box for family employment. For more information on family employment, see Sections 43(g), 46(g) and (h) of the MES Act.

Out of State Wages: Report gross year-to-date wages for the employee in the first quarter the employee is paid wages in Michigan when UI taxes on these wages has been paid to another state for the same calendar year. The UI tax on these wages off-sets UI tax liability on Michigan wages up to the taxable wage limit in Michigan.

Visa Wages: Public Act 241 of 2014 excludes the payment of unemployment benefits to the holders of J-1 visas in these categories: international visitors, government visitors, camp counselors and au pairs, and to all holders of H-2B visas. Unemployment taxes are not due on the wages paid to these employees. These visa wages need to be reported quarterly so that the obligation assessment is paid on these wages to Michigan's annual taxable wage limit.

If you have filed your UIA 1028 online and wish to submit your payment in the form of a check, please attach the payment coupon, UIA 4101, found under the Forms link at www.michigan.gov/uiia.

QUARTER ENDING DATE: 3/31/2015

Taxable Wage Limit:		\$9,500.00
Gross Wages:		\$64,040.90
Excess Wages:		\$8,717.15
Out of State Wages:	i	\$0.00
Taxable Wages:		\$55,323.75
<hr/>		
Calculated Tax Rate:	i	10.30%
Calculated Tax Due (Rounded):	i	\$5,698.00
Obligation Assessment and Other Rate Factors:	i	2.40%
OA and Other Factors Tax Due:	i	\$1,327.77

Is this the Final Report for this business? Yes No [?](#)

Provide the number of all **full-time** employees and **part-time workers** who worked during or received pay for the pay period which includes the 12th of the month:

January	February	March
6	6	7

Total Tax Due: \$7,025.77

Hours Summary Example 1

Payroll Summary

Jan 01 - Dec 31, 2015

Check Date	Name	Net Amount	Total Hours	Taxes Withheld	Total Deduction	Total Pay	Employer Taxes	Employer (Total Cost)
	Totals	\$944,132.51	34106.75	\$408,677.23	\$24,694.03	\$1,377,503.77	\$142,336.17	\$0.00 \$1,519,839.94



SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES

Year **2015**

Michigan Department of Energy, Labor & Economic Growth
Michigan Occupational Safety and Health Administration (MIOSHA)

Form Approved OMB No. 1218-0176

All establishments covered by Public Law of 1970 (P.O. 91-596) and Michigan Occupational Safety and Health Act 154, P.A. 1974, Part 11, Michigan Administrative Rule for Recording and Reporting of Injuries and Illnesses, must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary. You may be fined for failure to comply.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

Employees, former employees, and their representatives have the right to review the MIOSHA Form 300 in its entirety. They also have limited access to the MIOSHA Form 301 or its equivalent. See Part 11, R408.22135 Rule 1135, in MIOSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases.

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of... (M)	
(1) Injury	4
(2) Skin Disorder	0
(3) Respiratory Conditions	0
(4) Poisonings	0
(5) Hearing Loss	0
(6) All Other Illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form. Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact Michigan Department of Energy, Labor & Economic Growth, MIOSHA, MTSD, 7150 Harris Dr. P.O. Box 30643, Lansing MI 48909-8143, (517) 322-1848. Do not send the completed forms to this office.

Establishment information

Your establishment name _____

Street 3842 Gore

City Flint State MI Zip _____

Industry description (e.g., Manufacture of motor truck trailers)
Construction-Mechanical Contractor

Standard Industrial Classification (SIC), if known (e.g., SIC 3715) _____

OR North American Industrial Classification (NAICS), if known (e.g., 336212) _____

Employment information

Annual average number of employees 172

Total hours worked by all employees last year 320384

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company Executive Title

Phone Date



A Mutual Insurance Company

WORKERS' COMPENSATION

WORKERS' COMPENSATION DECLARATIONS

Workers' Comp. Example 1

Information Page

1. Named Insured and Address: Agency Name and Number:

The Named Insured is:
CORPORATION

2. Policy Period: Inception 03-01-16 Expiration 03-01-17
12:01 A.M. standard time at the address of the insured stated herein.

3. A. **Workers' Compensation Insurance:** Part One of the policy applies to the Workers' Compensation Law of the states listed here:
Michigan

8. **Employers' Liability Insurance:** Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident	Each Accident.	\$	1,000,000
Bodily Injury by Disease	Policy Limit		1,000,000
Bodily Injury by Disease	Each Employee		1,000,000

C. **Other States Insurance:** Part Three of the policy applies to the states, if any, listed here:
All states except North Dakota, Ohio, Washington and Wyoming and States designated in Item 3.A. above.

D. Endorsements:

Form Number	Form Title	Premium
WC 00 04 06 (08-84)	Premium Discount Endorsement	\$
WC 00 03 13 (04-84)	Waiver of Our Right to Recover From Others Endorsement	
WC 00 00 00 B(07-11)	Workers' Compensation and Employers' Liability Insurance Policy	
WC 00 04 03 (04-84)	Experience Rating Modification Factor Endorsement	
WC 00 04 04 (04-84)	Pending Rate Change Endorsement	
WC 00 04 14 (07-90)	Notification of Change in Ownership Endorsement	
WC 21 03 03 (06-01)	Michigan Notice to Policyholder Endorsement	
WC 21 03 04 (04-84)	Michigan Law Endorsement	

Insured Renewal or Replacement Number:
Renewal or Replacement Number:

Insured Policy Number:
 Policy Number:
 Effective Date: 03-01-16

Form Number	Form Title	Premium
IL-7084(01-09)	Michigan Filing Exemption	
WC 00 04 22 A(09-08)	Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement	
WC 00 04 21 C(09-08)	Catastrophe (Other than Certified Acts of Terrorism) Premium Endorsement	

4. **Premium:** The premium for this policy will be determined by our Manual of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classification of Operations	Unit No.	Code No.	Premium Basis (Estimated Total Annual Remuneration)	Rates (Per \$100 of Remuneration)	Estimated Annual Premiums
Michigan					
Concrete Work - Floors, Driveways and Drivers	001	5221	300,000	\$ 7.04	\$ 21,120.00
Concrete Construction NOC	002	5213	If Any	10.33	Included
Drivers NOC	003	7380	50,000	4.55	2,275.00
Clerical Office Employees NOC	004	8810	80,000	.14	112.00
Employers' Liability With Work Comp - Iner. Limits 1,000,000 BI per Accident 1,000,000 Disease per Employee, 1,000,000 Aggregate Disease Limit	005	9812			470.00
					Manual Premium → 23,977.00
Experience Modification				X	.830
					19,901.00
Less Schedule Amount					2,985.00
Less Premium Credit Amount					2,537.00
Additional Premium Waiver Of Subrogation--Not Subject To Experience Rating	008	9115	1 ¹⁵	50.00 ¹⁶	50.00
Less Premium Discount					896.00
Expense Constant		0900			180.00
Provisions for Terrorism	006	9740	430,000	.03	129.00
Provisions for Catastrophe (Other than Certified Acts of Terrorism)	007	9741	430,000	.01	43.00

Insured Policy Number:
Policy Number:
Effective Date: 03-01-15

Total Estimated Annual Premium \$ **13,885.00**
Annual Minimum Premium \$ 700.00

¹⁵Contracts ¹⁶Per Contract

Named Insured

Federal Employer Identification Number:
State Unemployment Number:

Locations Covered:

Countersigned by _____
Authorized Representative

Date of Issue: 02-20-16



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
EXTENSION OF INFORMATION PAGE

Workers' Comp. Example 2

POLICY NUMBER	MI POLICY #	PERIOD FROM 05/01/15	TO 05/01/16	JU. RENEWAL	CARRIER	RISK ID NO.	AGENCY	P.
NAMED INSURED AND ADDRESS				AGENT				
ITEM 1								

>POLICY
>AGE 3

SCHEDULE
PAGE 1

ITEM 4.	CLASSIFICATIONS	PREMIUM BASIS	RATE PER	ESTIMATED
LOC CODE		TOTAL ESTIMATED	\$100 OF	ANNUAL
NO		ANNUAL REMUNERATION	REMUNERATION	PREMIUM
001 5183	PLUMBING NOC	148,460	4.67	\$6,933
8810	CLERICAL OFFICE EMPLOYEES	17,800	.36	64
8742	SALESPERSONS-OUT SIDE	90,000	.66	594
3365	WELDING NOC	IF ANY	7.03	0
SUB-TOTAL				7,591
9807	PREM FOR INCREASED PART TWO LIMITS, EFF 05/01/14		.0100	76
9898	EXPERIENCE MOD, EFF 05/01/14, USING FACTOR		.8900	843-
9889	MI SCHEDULE MODIFICATION		1.2500	1,706
TOTAL FOR MICHIGAN				8,530
0900	EXPENSE CONSTANT			200
9740	TERRORISM RISK INSURANCE ACT OF 2002		.020	51
TOTAL ESTIMATED ANNUAL PREMIUM				\$8,781