

**LABORERS PENSION AND WELFARE FUNDS
CHANGE OF ADDRESS STATEMENTS**

Participant's Name: _____

Social Security Number : - -

Date of Birth: _____

Gender: Female Male

Old Address: _____
Street Address

City, State, Zip Code

Old Phone Number: (_____) _____ - _____

New Address: _____
Street Address

City, State, Zip Code

New Phone Number: (_____) _____ - _____

PLEASE CHECK THIS BOX IF YOU ARE RECEIVING A PENSION CHECK FROM OUR OFFICE.

Participant's Signature

Date

Instructions

This form is for **ADDRESS CHANGE ONLY**. This change will affect all correspondence mailed to you from the Plan Office. The **PARTICIPANT** must sign this form.

1. Print your entire form legibly, sign and return to the address below. To fax use (708)947-7251
2. Place in a #10 envelope, apply 1st class postage and mail to:

**ATTN: PARTICIPANT DEPARTMENT
LABORERS' PENSION AND WELFARE FUND
11465 W CERMAK RD
WESTCHESTER, IL 60154-5768**

Telephone: (708)562-0200 or (866)906-0200