

**LABORERS' PENSION FUND
TEMPORARY CHANGE OF ADDRESS STATEMENT**

Pension Recipient's Name: _____

Social Security Number: - -

Permanent Address: _____
Street Address

City, State, Zip Code

Old Phone Number: (_____) _____ - _____

Temporary Address: _____
Street Address

City, State, Zip Code

Temporary Phone Number: (_____) _____ - _____

Temporary Address TERMINATION DATE: _____
(At which time, the Laborers' Pension Fund will resume the Permanent Address)



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

Pension Recipient's Signature

Date

INSTRUCTIONS FOR
TEMPORARY CHANGE OF ADDRESS STATEMENT

This form is for a TEMPORARY ADDRESS CHANGE only. This change will affect all correspondence mailed to you from the Fund Office. The PENSION RECIPIENT must sign this form.

1. Print your entire form legibly, sign and return to the Fund Office. Make sure that you list a TERMINATION DATE for your Temporary Address, so that the Laborers' Pension Fund can resume your Permanent Address on the requested date.
2. To fax this form, use (708) 562-0790 to send directly to the Pension Department.
3. To mail, place in a #10 envelope, apply First Class postage and mail to:

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

**Telephone: (708) 562-0200 ext. 530 for Pension Department
Tollfree: (866) 906-0200**