

# 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 1<sup>st</sup> 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**