



CHANGE OF ADDRESS FORM

Construction Laborers' Welfare Fund
2357 59th Street • St. Louis, MO 63110
benefits@stllaborers.com • www.stllaborers.com

It is hereby requested that the changes listed below be made to my records. Be sure to print all information. These changes shall apply only to benefits offered by the Greater St. Louis Construction Laborers' Welfare Fund.

INFORMATION

Member Name: _____ Date of Birth: ____/____/____

Social Security or Medical ID #: _____ Member Local #: _____

Effective Date of Change: Immediately Other: _____

Street Address

City, State, Zip

Phone Number

Email

Please check who this address change effects and list their name:

All Family Members _____

Member _____ DOB: _____

Spouse _____ DOB: _____

Child(ren) _____ DOB: _____

I understand that it is my responsibility to immediately notify the Benefit Office of any changes in the above information. If there is not an effective date of change indicated on this form, we will use the date on which the Change Request Form is signed unless the Summary Plan Description book states otherwise. I certify the above statements are true, complete, and accurate to the best of my knowledge. A photocopy of this authorization shall be as valid as the original.

Member Signature: _____ Date: _____

Please make sure to complete the entire form and sign.