



ALTERNATE ADDRESS CHANGE REQUEST 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: _____ Medical Member ID #: _____

List the dependent(s) this change is applicable to:

Spouse's Name: _____ SSN: XXX-XX-____ Date of Birth: __/__/__

Child's Name: _____ SSN: XXX-XX-____ Date of Birth: __/__/__

Child's Name: _____ SSN: XXX-XX-____ Date of Birth: __/__/__

Child's Name: _____ SSN: XXX-XX-____ Date of Birth: __/__/__

Child's Name: _____ SSN: XXX-XX-____ Date of Birth: __/__/__

Effective Date of Change: Immediately Other: _____

Street Address

City, State, Zip

Phone Number

Email

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.

Printed Name: _____ Relationship: _____

Signature: _____ Date: _____

Please make sure to complete the entire form and sign.