



Welfare Fund

Gary Elliott
Chairman

David Gillick
Secretary Treasurer

Pension Fund

Don Willey
Chairman

William L. Luth
Secretary Treasurer

Stop Payment/Reissuance – Vacation Check Authorization Form

I hereby authorize the Greater St. Louis Laborers Construction Fund to stop payment and reissue my vacation check issued on _____ . I understand that it may take 3 – 5 business days from the date this form is received for my vacation check to be re-issued.

Once your vacation check has been re-issued you may have it mailed to your updated address indicated below or you may choose to be contacted at the phone number listed below to pick your vacation check up from the Benefit Office. Please indicate below, under your signature, which you would prefer.

This form must be signed by you in front of a Notary and sent back to the Fund Office. Please use the self-addressed, stamped envelope included to return the form to us.

It is hereby requested that the following information be considered official notice of my change of address on my insurance records.

Employee Name (Printed)

SSN / Member ID

Address

City, State, Zip Code

Phone

Check#: _____

Check \$ _____

X _____

Employee Signature

Date

Please **contact me by phone** so I can make arrangements to pick up my vacation check from the Benefit Office.

Please **mail** my check to the address listed above.

Please feel free to contact the Benefit Office if you have any questions:

Phone: 314-644-2777 ext. 2

Fax: 314-646-4440

State of _____)

) :SS

County of _____)

Personally came before me this _____ day of _____ 2020, the above name(s) _____ to me known to be the person who executed the foregoing and acknowledged the same.

My commission expires _____.

NOTARY PUBLIC _____