

Vacation Fund

Brandon Flinn
Chairman

Mark Murphy
Secretary Treasurer



Stop Payment/Reissuance – Vacation Check Authorization Form

I hereby authorize the Greater St. Louis Construction Laborers' Vacation Fund to stop payment and reissue my vacation check issued on _____. I understand that it may take up to 10 business days from the date this form is received for my vacation check to be re-issued.

Once your vacation check is available, you may have it mailed to your updated address provided below or you may choose to be contacted at the phone number listed below to pick up your vacation check from the Benefit Office. Please indicate your preference below.

You must return this form along with a copy of your photo ID to have your vacation check reissued.

You may return the required documents via mail, fax (314-645-1366) or email (accountingdept@stllaborers.com).

I hereby request that the following information be considered official notice of my change of address for all the Laborers' Benefit Office Funds.

Employee Name (Printed)

SSN / Member ID

Address

City, State, Zip Code

Phone

Check#: _____

Check \$ _____

X _____

Employee Signature

Date

☐ Please **call me** when my vacation check is available.

☐ 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

Email: benefits@stllaborers.com