

Change of Address Form

To: Laborers Health & Welfare Trust For Southern California
Construction Laborers Pension Trust For Southern California
Construction Laborers Vacation Trust For Southern California
P.O. Box 3389
Covina, CA 91722-5389

From: Active Member Retired Member Separated Vested Member

Last four (4) digits of your Social Security Number: _____

Print below:

Member's Last Name	First Name	M.I.
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Old Address: _____

City	State	Zip Code
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New Address: _____

City	State	Zip Code
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New Telephone Number: _____ Email address: _____
(include area code) (optional)

Mail Pension Checks to: New Address Above or Different Address (see below):

Pension Check Mailing Address:

City	State	Zip Code
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Mail Vacation Checks to: New Address Above or Different Address (see below):

Vacation Check Mailing Address:

City	State	Zip Code
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Effective Date of Address Change: _____

Signature of Member: X _____ **Date:** _____