



Central Laborers' Pension, Welfare & Annuity Funds

P.O. Box 1267 • Jacksonville, Illinois 62651 • Phone 217/479-3600 • Fax 217/245-1293

<http://www.central-laborers.com>

Notice of Change of Address

Name: _____

Social Security Number: _____

Please enter Social Security Number for identification purposes

Date of Birth: _____

☐ Male

☐ Female

Home Local Union: _____ Union Membership #: _____
(EXAMPLE – LL362) (FROM YOUR UNION MEMBERSHIP CARD)

Old Address:

Street: _____

City/State/Zip: _____

New Address: Address below obtained from: _____

Street: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Effective date of Change: _____

Others on your Plan of Benefits whose address also changed to the one listed above:

Signature: _____

Date: _____