

A conversation with Larry...Living the American Dream!

Now that our family was growing, we decided it was time to get a house with a yard and move out of our apartment.

One thing I remembered from talking to the ladies at the Benefit Office is, that I need to call them to change my address. They told me they would send out a Change Request form to my new address for me to complete. I was also reminded to sign the back of the form before returning. After they received the form and updated my address, I quickly learned that I also had to contact the local as well to change my address with their office.



Now that we are getting settled in the house, we are getting ready to have our first barbeque in our new backyard! See you next month!

LABORERS' CHANGE REQUEST FORM
Construction Laborers' Welfare Fund
2357 55th Street • St. Louis, MO 63110

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: _____ Social Security or ID #: _____
 Member's Local: _____ Email: _____
 Next-of-Kin's Name: _____ Sex: M F
 Natural Mother's Name: _____

The request applies to: Member Dependent All Family Members

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

Spouse's Name: _____ SSN: _____ Date of Birth: ____/____/____
 Child's Name: _____ SSN: _____ Date of Birth: ____/____/____
 Child's Name: _____ SSN: _____ Date of Birth: ____/____/____
 Child's Name: _____ SSN: _____ Date of Birth: ____/____/____

CHANGE OF ADDRESS/PHONE NUMBER

Effective date of change: _____

New Address: _____ Old Address: _____
 City, State, Zip: _____ City, State, Zip: _____
 New Phone Number: _____ Old Phone Number: _____

ADD DEPENDENT

Effective date of change: _____

Select the dependent status change: Add

Name: _____ SSN: _____ Date of Birth: ____/____/____
 Name: _____ SSN: _____ Date of Birth: ____/____/____
 Name: _____ SSN: _____ Date of Birth: ____/____/____

Reason for adding dependent: _____

See reverse side for required signatures.

2357 55th Street • St. Louis, Missouri 63110-2911
 (314)644-2177 • (800)888-2328 Fax: (314)644-4448



Don't forget to sign the back!



Larry the Laborer' is a brief summary of your benefits. The Plan Document has final authority in the case of any conflicts or confusion to Plan benefits.