



DEPENDENT CHANGE REQUEST FORM

Construction Laborers' Welfare Fund
2357 59th 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 #: _____

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: __/__/__

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

I understand that it is my responsibility to immediately notify the Benefit Office of any changes in the above information. If there is not an effective date of change indicated on this form, we will use the date on which the Change Request Form is signed unless the Summary Plan Description book states otherwise. I certify the above statements are true, complete, and accurate to the best of my knowledge. A photocopy of this authorization shall be as valid as the original.

Name: _____ Relationship: _____

Signature: _____ Date: _____