



LABORERS HEALTH AND WELFARE TRUST FUND FOR NORTHERN CALIFORNIA
LABORERS VACATION-HOLIDAY TRUST FUND FOR NORTHERN CALIFORNIA
LABORERS PENSION TRUST FUND FOR NORTHERN CALIFORNIA
LABORERS ANNUITY PLAN FOR NORTHERN CALIFORNIA
220 Campus Lane, Fairfield, CA 94534-1498 * Telephone: (707) 864-2800 or Toll-Free at 1-800-244-4530
E-Mail Address: customerservice@norcalaborers.org * Website: <http://www.norcalaborers.org>

CHANGE OF ADDRESS NOTIFICATION

(Doc. 462)

PARTICIPANT INFORMATION (Please print clearly using ink pen)

SOCIAL SECURITY NUMBER	NAME: FIRST	MIDDLE	LAST
HOME PHONE ☎ :	LOCAL UNION NO.	E-MAIL ADDRESS, IF ANY	
CELL PHONE 📱 :			

NEW ADDRESS

PHYSICAL ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE	ZIP CODE
INDICATE DATE YOU WANT THE FUND OFFICE TO USE YOUR NEW ADDRESS:	MONTH	DAY	YEAR
	/	/	

OLD ADDRESS

PHYSICAL ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE	ZIP CODE

PARTICIPANT SIGNATURE

DATE:	SIGNATURE:
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IMPORTANT

This Change of Address form is to be used for changing your address record with the Fund Office only. Submitting this form will not change your address with your Local Union. You should contact your Local Union directly to change your address record with them.

You must complete an ENROLLMENT FORM if you want to change dependent status and/or beneficiary.

Check-off this box to receive an ENROLLMENT FORM.