

## Change of Address Form

To: Laborers Health & Welfare Trust for Southern California  
Laborers Pension Trust for Southern California  
PO Box 8024  
El Monte, CA 91734

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                      MI

Old Address \_\_\_\_\_

\_\_\_\_\_  
City                      State                      Zip code

New Address \_\_\_\_\_

\_\_\_\_\_  
City                      State                      Zip code

New Telephone Number \_\_\_\_\_ email address \_\_\_\_\_  
(Include area code)                      (optional)

Effective Date of Address Change \_\_\_\_\_

Signature of Member **X** \_\_\_\_\_ Date \_\_\_\_\_