



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. OV)

PARTICIPANT INFORMATION (Please print clearly using ink pen)

SOCIAL SECURITY NUMBER		NAME: FIRST		MIDDLE	LAST
DATE	LOCAL UNION NO.	TELEPHONE NO.		E-MAIL ADDRESS, IF ANY	

NEW ADDRESS

MAILING ADDRESS						
CITY		STATE		ZIP CODE		
INDICATE DATE YOU WANT THE FUND OFFICE TO USE YOUR NEW ADDRESS:				MONTH	DAY	YEAR
				/	/	

OLD ADDRESS

MAILING ADDRESS					
CITY		STATE		ZIP CODE	

PARTICIPANT SIGNATURE

DATE:	SIGNATURE:
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IMPORTANT

This form is to change your current address only filed with the Fund Office. You must complete an ENROLLMENT FORM if you want to change dependents status and/or beneficiary.
Check-off this box to receive an ENROLLMENT FORM.