

SOUTHERN ILLINOIS LABORERS'
HEALTH & WELFARE FUND

CHANGE OF ADDRESS NOTICE

This is for change of address only, please notify the Fund Office immediately. Please print all information.

Your Name _____

Social Security No. _____ Local Union No. _____

Your OLD Address _____

STREET

CITY

STATE

ZIP

Your NEW Address _____

STREET

CITY

STATE

ZIP

Signature _____ Date _____

