

203·934·7991 telephone 1·800·922·3240 toll-free 203·680·3847 fax

## Please complete the following and mail it back to the Fund Office AS SOON AS POSSIBLE – or – you can fax it to (203) 680-3847.

**CHANGE OF ADDRESS FORM** 

My Name is: \_

(Please Print)

The last 4 digits of my Social Security Number are: \_\_\_\_\_

My "Old" Address is:

(City, State, Zip code)

My "New" Address is effective:

(Month/Day/Year)

My "New" Address is:

(City, State, Zip code)

I confirm my new permanent home address by **DATING** and **SIGNING** Below:

(Date) (Signature)

 Driver's License or State I.D.

 MUST ATTACH A PHOTO ID

 HERE

Thank you in advance for your cooperation.

The Connecticut Laborers Fund Office