

LOCAL 807 LABOR-MANAGEMENT HEALTH & PENSION FUNDS

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UNION TRUSTEES

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Dear Participant,

Please complete and sign this form and return to this office as soon as possible. A self-addressed envelope is enclosed for your convenience.

NEW ADDRESS: _____ APT#: _____

_____ ZIP: _____ - _____

HOME PHONE #: _____

CELL PHONE #: _____

EMAIL ADDRESS: _____

OLD ADDRESS: _____

SOCIAL SECURITY NO.: _____

MEMBER'S SIGNATURE: _____

PRINT NAME: _____

In the future, please notify the Health Fund office in writing whenever you move.

Very truly yours,
Local 807
Labor-Management Health Fund
Board of Trustees