

Alaska Laborers Trust Funds

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Administered by
Labor Trust Services, Inc.

CHANGE OF ADDRESS FORM

Employee Name _____
(Please print)

Employee Social Security Number _____

Employee Phone Number _____

Old Address

(Include apartment or suite number)

New Address

(Include apartment or suite number)

This address change pertains to the following:

- ALL
- HEALTH & WELFARE ONLY (CLAIMS)
- RETIREMENT ONLY
- LEGAL ONLY
- TRAINING ONLY

Please send correspondence according to my selection to the above address starting:

(Date)

(Signature)

(Date)

Please Note: Any address change information must be submitted in writing and contain the member's signature. For security purposes, we cannot accept change of address information over the telephone. To avoid unnecessary delays in receiving correspondence from the Trust Office, it is imperative that we have your current address on file.

If there has been a change in your "covered dependents" or marital status, you need to complete a new enrollment form. Please see Enrollment Form under the heading "Forms".