The Fund Office should always have a current mailing address FOR YOU AND YOUR COVERED DEPENDENTS so that you can be sent important information about your Plan as well as information about COBRA self-payments when you or a dependent's coverage is going to terminate.

If you are going to be changing your address, or if your address has already changed, fill out this card completely and sign it.

Put a postage stamp in the indicated place and mail the card to LINECO.

CHANGE OF ADDRESS CARD
LINE CONSTRUCTION BENEFIT FUND

This change is for: *(circle one)* Employee & Dependents | Dependent ONLY | Other (explain)_____

If change is for a DEPENDENT ONLY, give full name of the dependent_____

_____ _____
Name of Employee *(Last)* *(First)* *(Middle Initial)* SOCIAL SECURITY NUMBER

_____
Date Address Change is Effective

_____
Previous Address *(Street)* *(City)* *(State)* *(Zip)* *(Telephone with Area Code)*

_____
New Address *(Street)* *(City)* *(State)* *(Zip)* *(Telephone with Area Code)*

_____ _____
Employee Signature Date Signed

MAIL COMPLETED FORM TO:
LINE CONSTRUCTION BENEFIT FUND
2000 SPRINGER DRIVE
LOMBARD, IL 60148-7019