



Laborers' COMBINED FUNDS OF WESTERN PENNSYLVANIA

*Serving the Laborers' District Council of Western Pennsylvania
Pension Fund, Welfare Fund and other affiliated Funds*



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CONTACT INFORMATION

SECTION 1: Retiree / Surviving Spouse Information (PLEASE PRINT)

Retiree's Full Name _____

Retiree's Social Security Number _____

Retiree's Date of Birth _____

Surviving Spouse's Full Name _____

Surviving Spouse's Social Security Number _____

Address _____

Phone # _____

SECTION 2: Contact Person

The person whose name you list below will be used as a contact in the event our office cannot locate you.

Contact Person's Full Name _____

Relationship of Contact Person to Retiree or Surviving Spouse _____

Contact Person's Address _____

Contact Person's Phone # _____

Signature of Retiree or Surviving Spouse

Date