



LABORERS' DISTRICT COUNCIL BENEFIT FUNDS  
665 North Broad, 2<sup>ND</sup> FLOOR • PHILADELPHIA, PA 19123  
215-765-2014 • FAX 215-765-4380

## ACTIVE MEMBER CHANGE OF CENSUS (CONTACT) INFORMATION

Use this form to change your address, phone or cell number or e-mail address.  
Print clearly in black or blue ink

Member's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

### What is your OLD address?

Old Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### What is your NEW address?

New Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### What is your telephone number and e-mail address?

Home: (\_\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Member's Signature X \_\_\_\_\_ Date: \_\_\_\_\_

### Please complete and return this form:

- Mail: 665 North Broad Street, 2nd Floor, Philadelphia, PA 19123
- Fax: 215-763-4380
- Email: [enrollment@myldcbenefits.com](mailto:enrollment@myldcbenefits.com)

Please contact Member Services at (877) LABOR-77, (215) 236-6700 or (215) 765-4633 or at [enrollment@myldcbenefits.com](mailto:enrollment@myldcbenefits.com) for any questions relating to this form.