

LOCAL 697 IBEW & ELECTRICAL INDUSTRY BENEFITS OFFICE

CHANGE OF ADDRESS AUTHORIZATION FORM

NAME OF PARTICIPANT: (please print)

Last Name

First Name

Middle Name

SOCIAL SECURITY NUMBER OF PARTICIPANT: _____

NEW ADDRESS:

Street Address

City

State

Zip

Home Phone

Cell Phone

E-mail Address

OLD ADDRESS:

Street Address

City

State

Zip

Phone Number

Signature of Participant

Date

Mail completed form to: 7200 Mississippi Street, Suite 300, Merrillville, IN 46410