

CHANGE OF ADDRESS
(TO BE COMPLETED BY THE PARTICIPANT)

FUND NAME:
UTILITY WORKERS' UNION OF AMERICA NATIONAL HEALTH & WELFARE FUND

PLEASE PRINT ALL INFORMATION

PARTICIPANT NAME: _____

PARTICIPANT MEMBER IDENTIFICATION NUMBER _____

LOCAL UNION #: _____ PARTICIPANT DATE OF BIRTH: _____

PLEASE CHANGE MY ADDRESS **FROM:**

PHONE NUMBER: _____

TO:

PHONE NUMBER: _____

EFFECTIVE DATE OF ADDRESS CHANGE: _____

PARTICIPANT SIGNATURE: _____

(NOTE: *This change cannot be made without participant signature*)

RETURN THIS COMPLETED FORM TO:
Utility Workers' Union of America National Health & Welfare Fund
6525 Centurion Drive
Lansing, MI 48917 – 9275

THIS SECTION – FUND OFFICE USE ONLY

Date changed on BMS: _____ By: _____

Date changed on BCBSM: _____ By: _____

Date changed on Pension: _____ By: _____