

LOCAL 697 IBEW & ELECTRICAL INDUSTRY BENEFITS OFFICE

CHANGE OF ADDRESS AUTHORIZATION FORM

NAME OF PARTICIPANT: (please print)

Last Name	First Name	Middle Name
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SOCIAL SECURITY NUMBER OF PARTICIPANT: _____

NEW ADDRESS:

Street Address

City

_____ Zip _____
State

Phone Number

OLD ADDRESS:

Street Address

City

_____ Zip _____
State

Phone Number

Signature of Participant

Date

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