

IBEW Local 292 Fringe Benefit Plans Change of Address Form

Name _____

Last 4 Digits of Social Security Number or Medical Identification Number:

XXX-XX- _____

PIB-XZ- _____

New Address:

Street: _____

City: _____

State: _____

Zip Code: _____

Telephone: _____

Signature: _____

Date: _____

All notifications of plan participants' changes of address must be in writing. Please mail this completed form to the Plan Office as follows:

IBEW Local 292 Fringe Benefit Plans
6900 Wedgwood Road N. - Suite 425
Maple Grove, MN 55311
Attention - Address change
Telephone - 763/493-8830 or 800-368-9045

_____ Check here if this change is for individual only.

_____ Check here if this change is for entire family.