

# IBEW 292 BENEFITS

6900 WEDGWOOD RD ♦ SUITE 425 ♦ MAPLE GROVE ♦ MINNESOTA 55311  
(763) 493-8830 (800) 368-9045 FAX (763) 416-6196

## CHANGE OF ADDRESS AUTHORIZATION

Name of Member \_\_\_\_\_

Member's Social Security Number \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

Effective Date of Address Change \_\_\_\_\_

Please list all family members this address change applies to?

\_\_\_\_\_

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

Address changes cannot be updated in our computer system until this form has been completed,  
signed and returned to the Benefits Office.

Form can be returned via mail, fax 763-416-6196 or email [hcforms@ibew292benefits.org](mailto:hcforms@ibew292benefits.org).