

# IBEW 292 BENEFITS

6900 WEDGWOOD RD ♦ SUITE 425 ♦ MAPLE GROVE ♦ MINNESOTA 55311

Or send to: [enrollment@ibew292benefits.org](mailto:enrollment@ibew292benefits.org)

## CHANGE OF ADDRESS AUTHORIZATION

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

**Member's** Last four numbers of S.S.N. \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

If applicable, please list member and/or any/all dependents on file this update is for.  
**Only the listed persons will be changed in our files!**

\_\_\_\_\_

\_\_\_\_\_  
Signature of Member or Dependent this update applies to. 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 or email [enrollment@ibew292benefits.org](mailto:enrollment@ibew292benefits.org).