

IBEW 292 BENEFITS

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

Or send to: enrollment@ibew292benefits.org

CHANGE OF ADDRESS AUTHORIZATION

Name of Member: _____

Last four numbers of S.S.N. of Member: _____

- Member (please check if address change applies to you).
- If applicable, list any/all dependents on file this update is for.
Only the listed persons will be changed in our files!

Old Address: _____

New Address: _____

_____ Effective Date: _____

Phone Number & email: _____

Signature of Member or Adult Dependent this update applies to. Today's Date:

Address changes will NOT be updated in our computer system until this form has been completed, signed, and returned to the 292 Benefits Office. Forms can be returned via mail or email:
enrollment@ibew292benefits.org.